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THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. JANUARY, 1882. No. 1.

A CLINICAL LECTURE ON IRITIS.

BY C. S. MERRILL, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY, ALBANY MEDICAL COLLEGE.

GENTLEMEN:—The next cases which I will show you are several that illustrate very fully one of the most important disease the eye is subject to—a disease often very acute in its onset and very rapid in its course, one that if not early recognized and promptly and properly treated almost invariably causes permanent injury to the eye, with partial or total loss of vision. I refer to iritis—inflammation of the iris. It is a very frequent affection, occurring at all times of life, even in fœtal life, and among all classes of people. The causes are various, but syphilis and rheumatism furnish by far the largest proportion of cases. Injuries to the globe, or directly to the iris, as in operations, often cause iritis; also exposures to cold, wet, etc.; excessive straining, especially in eyes that have some error of refraction, is a frequent cause. It often occurs secondary to other inflammations, as to keratitis, cyclitis, choroditis, and especially to deep and severe ulceration of the cornea. Sympathetic inflammation of the iris is the most frequent form in which sympathetic trouble manifests itself, and is a most dangerous affection, as you have already seen in some of the cases before you.

In classifying the cases of iritis different authors group them differently, some according to the supposed cause, others according to the product of the inflammatory action. You may class them in two principal groups, plastic and serous. In the plastic form there is an exudation of lymph which binds the pupillary

margin of the iris to the anterior capsule of the lens, thus causing posterior synechia. In serous iritis the exudation is principally serous, and there is very little if any tendency to the formation of synechiæ.

As all the cases of iritis we have to-day are of the plastic variety, we will confine our remarks to that form leaving the consideration of serous for a later clinic. The diagnosis of plastic iritis is easy and simple, and you should never err in making it early and accurately, nor will you, if you remember the symptoms of the disease and carefully examine the eye to determine if any or all of them be present.

The earliest symptoms by which iritis may be recognized are a sluggishness in the movement of the pupil, a change in the color and lustre of the iris surface, more or less impaired vision and a zone of ciliary congestion around the cornea. Oftentimes the patient has a slight sense of pain and discomfort in the eye before these symptoms are evident; but more often the case is not seen until adhesions are already formed and the disease fully established.

If neglected or maltreated the inflammation increases and all of the symptoms become worse. The pupil becomes smaller than normal and you may have its entire margin bound to the lens —"complete posterior synechia." The pupillary space may become filled with lymph—"occlusion of the pupil." The iris will become still more discolored and vision may be reduced to perception of light only, due either to the increased haziness of the aqueous humors, or to a deposit of lymph in the pupillary space. The inflammation may increase still more and become suppurative and destroy the eye either by causing panophthalmitis, or by perforation of cornea or sclera.

Pain is an invariable symptom in iritis; in some cases there is very little, perhaps none, with only a slight photophobia and lacrymation; in others the pain is intense, and the photophobia and lacrymation excessive. In cases due to rheumatism the pain is usually most severe.

The first of the cases that I wish you to examine is Mary G., 24 years of age, a nurse-girl. She first applied to me at the Troy Hospital four days ago, saying that her eye had troubled her about a week. She then complained of slight pain, poor vision and considerable lacrymation. There was no mobility of the pupil, the adhesions that the use of the atropine has rendered

so evident binding the iris firmly to the lens. The ciliary congestion was as you now see it and vision was even worse than now. I wish you to specially note the ciliary congestion—the adhesions of the iris to lens, the discolored iris and the greatly impaired vision.

In seeking a cause for this attack of iritis we have only to glance at this eruption on her face or on the palm of her hands where it is still more typical. This is evidently an attack of plastic iritis due to syphilis. Her treatment has been rest for the eyes, protection with dark glasses, locally the free use of atropine and constitutionally she is undergoing a thorough course of mercurial inunction. She denies the possibility of syphilis, and were it not for this syphilitic eruption we could not convict her of it, for there is nothing about the eye to surely indicate syphilis. Without other constitutonal symptoms you can never be certain that an attack of iritis is syphilitic unless you have a gummy tumor developing in the iris.

The second case is M. D., 42 years old, who for the past five days has suffered at times with severe pains in his left eye. The photophobia is excessive, lacrymation profuse, ciliary congestion marked, and a single large adhesion at the lower margin of the pupil.

This gentleman came to me a year ago for a similar attack. The adhesions yielded readily to atropine, but the pain continued and was especially severe at night. Morphine and leeches gave only temporary relief. Questioning him more closely, I learned that he had been subject to periodic attacks of rheumatism, and gave him fifteen grains salicylic acid four times a day, which relieved him at once and he recovered rapidly. Again last spring he passed through the same experience, and now is attacked for the third time; under the same treatment I shall expect an equally good result.

This third case, Mr. V. P., is an instance of sympathetic iritis, caused by the injured left eye which I removed at the clinic, three weeks ago. You will notice that the adhesions have all given away and the ciliary congestion is nearly gone, but his vision remains about the same. You remember, when speaking of the case, I told you the prognosis was very unfavorable.

The fourth case, Pat. D., 56 years of age, illustrates one of the unfortunate results of iritis. Here you see the pupil filled with lymph and complete posterior synechia. This man has a

large corneal scar, which shows that he has had a severe corneal ulcer, and probably the iritis was secondary to that. By making an artificial pupil we shall hope to restore him servicable vision. The artificial pupil will be obtained by doing an iridectomy, the same as we did for the German boy two weeks ago.

The fifth case, Miss. G., 26 years of age, is recovering from her third attack of iritis. You see a slight ciliary congestion, and three posterior synechiæ. She tells us that after the first attack some adhesions remained and they, no doubt, are the cause of the relapses.

Every eye left with such an adhesion is in a dangerous condition, for it is almost certain to be the cause of repeated attacks of iritis—"recurrent iritis"—which unless checked will ruin the eye and endanger the other. An iridectomy should be performed, and if done early will check the disease and prevent other attacks.

Appreciating how troublesome, even dangerous to the integrity of the eye, three posterior synechiæ are, you will endeavor in your treatment of such cases to prevent their forming, or if they have already formed to break them up as soon as possible. This you will do by the early and free use of atropine, using a four-grain solution. If the pain is severe morphine should be given to control it, or there will be no improvement as long as the pain continues. Two or three leeches to the temple will often be of great benefit.

The eyes should be given absolute rest, protected against the light and the patient kept in bed, or at least in an uniform temperature. In more severe cases paracentisis of the cornea may be needed, and in others, especially in chronic and recurrent forms, an iridectomy will be required. In all cases of plastic iritis where the adhesions have not yielded to atropine after two or three days use, I advise you to put your patient under the influence of mercury as soon as possible, without regard to whether syphilis be suspected as the cause or not, for the influence of mercury upon iritis, and the necessity of using it in certain cases, seems to be independent of the syphilitic or non-syphilitic character of the affection. I agree with Carter when he says, "I accept resistance to atropine as the one sufficient proof that mercury is needed."

In a certain proportion of cases adhesions remain even when atropine and mercury have been faithfully used. These proba-

bly will, though may not excite another attack, therefore, you should warn your patient of the danger and leave the adhesions alone, having tried the calabar bean and atropine alternatingly.

If a second attack has taken place, operative interference should be advised, and an iridectomy performed, for if one relapse has occurred others will certainly follow, each severer than the preceding, and each leaving the eye in a more degenerate condition.

The constitutional treatment will depend upon the condition of your patient: if syphilitic, an anti-syphilitic course of treatment; if rheumatic, an anti-rheumatic treatment; if debilitated, tonics and saline cathartics as needed.

In closing let me recall the symptoms of iritis: sluggishness or immobility of the pupil, a change in the color and luster of of the surface of the iris, a greater or less impairment of vision, and ciliary congestion. Adhesions to the lens will be present if the inflammation is much advanced and will be plainly seen if atropine be used.

In treatment, especially remember two things, *never* to use irritants, but always use a strong solution of atropine as early as possible, for you can seldom do harm with it, and by its prompt use will save many an eye that otherwise might be lost.

A FATAL CASE OF PUERPERAL ECLAMPSIA.

BY A GRADUATE OF 1879.

My attention was first called to this patient, Mrs. P., a primipara, 26 years of age, about the seventh month of her pregnancy. She was then suffering from general œdema, headache, attacks of temporary deafness and blurring of vision. On examination, I found her urine loaded with albumen. By directing a total change of diet, which had consisted largely of meats at all meals, and, as far as possible, restricting her to milk and breadstuffs, the œdema almost entirely disappeared, her urine cleared of albumen, and a marked change for the better took place in her general condition. Still, I had a certain fearful looking forward to the time of confinement.

December 24th she was feeling so well that she walked half a mile to make a visit, but was soon taken with labor pains, and

was brought home in a carriage. I saw her at six o'clock P. M. Labor was apparently progressing normally, with the exception that she had *vomited* several times. The os was dilated enough to allow the passage of my forefinger, head presenting.

In about an hour she was suddenly seized with a most frightful convulsion, and I had the sorrow to see my greatest forebodings realized. Having chloroform at hand, I was able to control her struggles almost immediately, and in a few minutes she was herself again, unaware that any thing had taken place unusual to a labor. Calling in professional aid, we tried to hasten the labor, which had been suspended at the time of the eclamptic seizure, when, at ten P. M., she had another convulsion. We again used chloroform, and she promptly became quiet. We now determined to deliver as rapidly as a very rigid os would permit. At two o'clock we turned, and delivered a healthy female child, not being able to apply the forceps. No lacerations took place, and the patient rallied nicely. I gave morphia sulph. gr. $\frac{1}{4}$ and atropia sulph. gr. 1-200, hypodermically, to allay pain and restlessness, and remained in attendance.

My patient had no more convulsions until four P. M., the 25th, and another at 8 P. M. the same day, when, in spite of our efforts to stimulate the kidneys to action by the employment of the usual agents, she passed into a condition of complete anuria, and, becoming comatose, expired about two A. M. the 26th, having passed by the catheter less than three ounces of albuminous urine in the last twenty-four hours. After the last convulsion, she being then semi-comatose, I used the Pilocarpin Muriate (E. Merck, Darmstadt), hypodermically, with no other effect than to produce the usual action of the salivary and perspiratory glands. I give a report of this most unfortunate case that I may ask my professional brethren certain questions.

I firmly believe, from what I can learn of the previous history, that there had been serious renal lesions antedating conception. No necropsy was obtainable.

(*a*) Could I have added any reliable medicinal treatment to that change of diet at seventh month? (*b*) Would or would not a free use of morphia have been indicated instead of chloroform to control the uraemic convulsions? (*c*) Is morphia a safe remedy in conditions of aneuria? (*d*) Would induced labor at say the eighth month have been a proper procedure, and could it have affected the result favorably in any way?

DISINFECTION OF URINE.

F. C. CURTIS, M. D., ALBANY.

Disinfectant properties are claimed for various substances in connection with the urine. Among these nitrite of amyl has been tested. It has been used with this view for chronic catarrh of the bladder, by injection, with favorable results, it is said. It has also been made use of for the preservation of the urine.

It may not be generally known that hydrate of chloral has similar properties, of which I have a marked proof. In August, 1877, Dr. C. H. Porter, of this city, gave me a specimen of urine, four ounces, containing five grains of chloral to the ounce. No special care has been taken to facilitate its preservation. It has been simply without sealing, corked, and has several times been opened, though standing most of the time quietly in a dark cupboard. It is now perfectly transparent, is of a clear amber color, and has a fresh, urinous, slightly balsamic odor. A slight, semi-floculent deposit covers the bottom of the vial. The chemical analysis is identical with the notes made when it was recent: specific gravity, 1015, acid, albumen, one-fourth. The preservation of the albumen is a marked test. On microscopic examination, the epithelial cells are as perfect as in recent urine. No casts were noted (the case was one of Bright's disease, long since terminating fatally), and none are now seen. A few octahedral crystals, identical with calcium oxalate, except that they do not show the shining edges, are now seen; no note is made of them in the fresh examination, but they may be oxalate of lime, not then, possibly, having deposited; for, being light of weight, they fall slowly, and sufficient time may not have been given for them to deposit. The specimen seems to be quite the same as when freshly voided, and is manifestly instructive and of considerable interest.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by WILLIAM C. WOOD, M. D., Resident Physician and Surgeon.

CASE OF OPIUM POISONING (Service of Dr. N. L. Snow.—Patient a female, aged 21, American. About an hour before she was brought to the hospital she took six grains of sulphate of morphia. At this time the pupils were contracted to a pin point,

breathing stertorous, pulse 84. She was given one-sixtieth of a grain of sulphate of atropia immediately and the stomach pump introduced, the stomach thoroughly washed out, and afterwards injected with strong ceffee. The faradic current was used, one pole being applied to the back of the neck and the others over the chest muscles. The hypodermic injection of atropia was repeated and continued at intervals of from ten to thirty minutes. Ice was introduced into the rectum, and one or two hypodermics of whiskey were given.

For a time the respiration grew slower and slower. Artificial respiration was then resorted to by the house staff, and after a short time they were rewarded by the patient regaining slowly the use of her lungs, and about five hours after complained greatly of being blind. She also voided a considerable quantity of urine. In a few hours more she regained consciousness, the blindness from the atropia lasting about twenty-four hours. There was obstinate constipation for some time afterwards. In all one-seventh of a grain of sulphate of atropia was given and ten minims of Tr. belladonna. Patient left the hospital September 8, 1881, cured.

Atropia Poisoning (Service of Dr. C. S. Merrill.—Patient, female, aged 61, American, was operated upon by Dr. Merrill September 28, 1881, for removal of senile cataract. Following the operation she had retention of urine, and a catheter was used twice a day, also one-fourth grain of sulphate of morphia given to relieve pain as was necessary. At nine P. M., October 4th, through the officiousness of a visitor, she was given a teaspoonful of a four-grain solution of sulphate of atropia. The teaspoon was a large one, and contained a little more than a drachm when full. A few moments afterward the house physician was notified, and he immediately administered one-fourth grain of sulphate of morphia. At the time pulse was 100, pupils dilated, and throat beginning to be very dry. Dr. Merrill was immediately sent for and soon after Dr. J. S. Mosher was called in, and the treatment commenced by the house physician was decided upon; that is, the use of morphia hypodermically. At 10:20, pulse 160, respiration 28; one-third grain of morphia was given hypodermically. At 10:45, pulse 132, respiration 16; 10:55, pulse 144, respitation 18; 11:15, pulse 128, respiration 11; 11:40, slight contraction of pupil showed itself, body very rigid, mouth

as dry as a board. 11:40 P. M., drew one ounce of urine; 11:50, pulse 130, respiration 13; 12:15 A. M., pulse 120, respiration 10; 1:00, pulse 120, respiration 8; 1:45, pulse 118, respiration, 7; 2:15, pulse 120, respiration 8; 4:00, pulse 152, respiration 8; 4:30, pulse 140, respiration 9; 5:00, pulse 140, respiration 8; 5:30, pulse 132, respiration 8; 6:00, pulse 132, respiration 8; 7:00, answered questions, but with great difficulty; throat and mouth very dry. 9 A. M., urine drawn — an ounce and a half; patient again unconscious. 9:30, pulse 136, respiration 9; 11:50, pulse 148, respiration 22, one-sixth grain of morphia given hypodermically; 12:20 A. M., pulse 156, respiration 16; 1:35, pulse 140, respiration 16; 4:15, pulse 120, respiration, 14; 5:45, rectal injection of milk. Several attempts were made to feed the patient by the mouth, but she vomited every time. She was given drachm doses of Fairchild's essence of pepsin. At 12:50 A. M., October 6th, pulse 160, respiration 28; pupil dilated widely; patient answers questions correctly, but is unable to carry an idea; hypodermic of three minims of Magendie's solution of morphia given; pupil soon after contracted. 2:30 A. M., October 6th, pulse 132, respiration, 21; 6:30, pulse 140, respiration 20; 5:30 P. M., pulse, 100, respiration 18; 10:00, pulse 100, respiration, 20; 3 A. M., October 7th, pulse 90, respiration 20. After this the patient progressed regularly towards recovery; dryness of mouth and throat lessened; vomiting grew less frequent, aud finally ceased. She was discharged October 12, 1881, with an excellent result from the operation, and but little worse from this novel way of dilating the pupil.

RUPTURE OF THE LIVER AND KIDNEY (Service of Dr. S. B. Ward).—Patient, male, aged 19, was brought to the hospital the evening of December 7th, with a history of having fallen about fifteen feet from the gallery of a theatre, striking on his right side, breaking down an iron chair. When admitted he was conscious and suffering intense pain, referred to the epigastric region. The condition of shock was well marked. He was given one-sixth grain of morphia hypodermically, and soon felt better. Dr. Ward was summoned, and made a thorough examination, but no external injuries were found, nor were there any signs of internal ones. The pupils were about normal and pulse 100. Urine was drawn once; after that he passed it naturally and in fair quantity. The next day he developed symptoms of peri-

tonitis. He was given enough morphia to control the pain. He vomited several times a dark, coffee-colored fluid; became delirious and continued so most of the time until he died, December 10th, at 5:50 A. M.

Autopsy eight hours after death. Rigor mortis well marked. Post-mortem discoloration of skin of sides and back; the body markedly jaundiced. On opening cavity of abdomen, this became still more marked. This cavity was filled with serous exudation, and the peritoneum showed evidences of recent inflammation. The intestines were carefully examined, but were not ruptured. Some small clots were found in the cavity. Surface of stomach at pyloric end congested. On upper surface of great lobe of liver was an ecchymosis, about the size of a silver dollar, and three star-like fissures extending nearly through the organ. The diaphragm was badly contused and ecchymosed; spleen normal. Rupture of upper portion of left kidney; capsule slightly adherent. Right kidney pelvis enlarged and full of urine; ureter contracted. In right ventricle of heart was a white, fibrous clot, extending into pulmonary artery. Aorta rather small; some stasis of blood in lungs, but not enough to to prevent crepitation. Head not examined.

EDITORIAL NOTES.

—The Society is once more under way, the series of scientific meetings for this season having begun on the 10th November. The paper of the evening, by Dr. Merrill, was very instructive to those present, as was also the discussion it called forth. Those who have the society affairs in charge are interested that these meetings should be well attended. They will without doubt do all in their power to make them attractive. But gentlemen can readily see how much they will accomplish without the help of the rank and file. There ought to be at least a dozen carefully prepared papers read this winter, a large number of clinical cases, pathological reports and therapeutic experiences. But with all, members ought to come to the meeting better. There is very little inspiration to prepare good papers if they are to be read to a triflingly small audience. Let all come; the time cannot be better spent, the meeting comes at a leisure hour, and the people will have more confidence in us if they find us assembling regularly to study together. Other societies should not stand in the

way of this. As was recently well said by the retiring President: "Any other association here should be considered tributary to this society, which embraces all the elements essential for the attainment of the objects for which such associations are established."

—Veneration of age is not an American virtue. The Albany County Medical Society has, however, established a custom which will win the approval of all who may lament this, in the celebration of the event of reaching by its members of the fiftieth year in the profession. In its history of seventy-five years, ten have thus been honored. An account of the complimentary dinner, at the Delavan House, on the 11th inst., to Drs. Hun, Devol and Rossman will be found in another place. The Annals takes great pleasure in extending its congratulations to these gentlemen. We hardly think of them yet as old men, and, in wishing them many more years of health, it is with the full anticipation that our wish may be realized. May the recollection of the experiences of the long space passed be, as time goes further by, only a pleasant one, like a sunset scene where the mellow light touches with a soft radiance the pleasing, but makes dim or hides the disagreeable and forbidding.

—From the report of the committee of the Board of Supervisors appointed to visit the Albany county patients in the insane asylums we gather that at the Utica Asylum there have been during the past year 73 patients; at the Willard Asylum (for incurables), 214 patients; at the Middletown (homœopathic) and Poughkeepsie Asylum, each one patient, and at the County (Alms House) Asylum, 45 patients, making a total of 334 insane persons supported at the expense of this county. When will our legislature give us an asylum of our own? Very soon, we hope, but not until its safety from political management and jobbery can be assured.

—The report of the inspectors of the Albany Penitentiary shows that only eighteen deaths have occurred, while 1,545 convicts have been received during the year, and 847 were in the institution at the beginning of the year, making a total of 2,392. The inspectors say that the "ratio is lower than any city in the world shows. Considering that the convicts come mostly from those who pay little attention to health, and that great numbers of them became prisoners for causes directly traceable to their

vices, the scant mortality of the penitentiary is extraordinary. It is a tribute to the management and to the fidelity of the physician, Dr. Geoghan, which ought not to pass unnoticed." The causes of death were: consumption, 8; pneumonia, 2; bronchitis, 2; hemorrhage of the lungs, 1; Bright's disease, 3; syphilis, 2.

—We were pleased to receive a visit, a few days since, from Dr. William Stevens, of Cairo, N. Y., one of the old graduates of the Albany Medical College, who has recently been passing some time in London. He gives a very graphic and interesting account of the kind manner in which he was received and entertained by the English physicians. In a professional way, it is evident the visit has been one of great profit. The doctor has recently been elected president of the Geeene County Medical Society, an honor unanimously bestowed by his fellow practitioners. It will be remembered the doctor was last year elected a member of the Executive Committee of the Alumni Association of the College, and intends being present at the next meeting in March.

—Volume I. of the Annals of the Albany County Medical Society, edited by Dr. Sylvester D. Willard, as is well known, has been for a long time practically out of print. It has been frequently sought for in vain. We have information of a lot of fifteen or twenty copies that are for sale, and will take pleasure in putting any one on the track of them who may desire a copy. It contains the transactions and biographies of the society to 1850. The second volume, of which there are still a good number to be had, goes to 1870, and volume III., which we are now printing, will come down to 1880.

SEMI-CENTENNIAL IN MEDICINE.

CELEBRATION IN HONOR OF DRS. THOMAS HUN, CHARLES DEVOL AND J. B. ROSSMAN.

In 1847, the semi-centennial in the practice of medicine of Dr. William Bay was celebrated by the Albany County Medical Society, by a public dinner at Congress Hall. Twenty years later a similar attention was paid, at the Delavan House, to Drs. James Wade, Barent P. Staats and James McNaughton. In 1873, again at Congress Hall, the society met to honor in the same way Drs. B. B. Fredenburgh and P. P. Staats. In 1876, Dr. J. P. Boyd, having reached his fiftieth year of connection with the profession, was presented with a commemorative piece

of silver. And, on the eleventh of this month, a similar event was celebrated, three members, Drs. Thomas Hun, Charles Devol, and J. B. Rossman, having passed their fiftieth year in the profession.

The society and guests, about seventy-five in all, gathered at the ladies' parlor of the Delavan House, and in due time proceeded to the dining-room, where a choice dinner was at length discussed, President J. S. Mosher presiding.

At its conclusion, Dr. Mosher delivered a speech of welcome, and proposed the first toast of the evening to Drs. Hun, Devol and Rossman. Dr. Devol responded at length. Both Dr. Hun and Dr. Rossman were ill and not able to be present, responding by letters. Dr. Van Derveer, chairman of the Committee of Arrangements, in presenting Dr. Hun's letter, reviewed the previous celebrations of this character by the society, and spoke of those who had departed this life since the last was held.

"Union College, the *Alma Mater* of Presidents, Governors and Doctors," the next toast, was responded to by Rev. Dr. Alexander, of Schenectady. "The Press" was responded to by Mr. St. Clair McKelway, of the *Argus*, who made the speech of the evening. "The Clergy" was responded to by Rev. Dr. Magee; "The Legal Profession," by Col. A. J. Parker, Jr.; "The Ex-Presidents of the Society," by Dr. S. H. Freeman; "Our Younger Brethren," by Dr. G. S. Munson; "The Youngest of our Invited Guests," by the venerable Dr. Squires, of Schodack; "The Medical Annals," by Dr. F. C. Curtis; "The Board of Public Instruction," by Charles P. Easton, Esq.; "The State Board of Charities," by Dr. C. S. Hoyt, secretary. Rev. Dr. J. McC. Holmes was called on and made remarks. Dr. Devol presented the society with a medallion of himself in marble framed in various woods. In conclusion, the President referred to the deceased brethren, whose memory he proposed that all should drink, after which "Auld Lang Syne" was sung, and the assemblage dispersed.

Among the guests present were Drs. Charles Hammer, of Schenectady; Squires, of Schodack; Le Roy McLane, C. H. Burbeck, C. E. Nichols, M. H. Burton, J. C. Hutchison, W. S. Cooper, of Troy; I. De Zouche, of Gloversville; C. S. Hoyt, Rev. Drs. Alexander, of Schenectady; Holmes and Magee, of Albany; Messrs. A. J. Parker, Jr., St. Clair McKelway, C. P. Easton and others.

BOOK NOTICES.

THE STUDENT'S MANUAL OF HISTOLOGY. By Charles H. Stowwell, M. D., Assistant Professor of Physiology and Histology in the Physiological Labratory of the University of Michigan. Geo. S. Davis, Detroit, publisher.

Upon examination we find this little volume to be replete with useful information and alike acceptable to both student and practitioner. Its general arrangement is admirable. It is clear and explicit in its descriptions and contains numberless useful suggestions, and is filled with interesting points of technique, which could only have occurred to one who has had daily experience in the practical teaching of microscopy in the laboratory. The chapter on "Tumors" is necessarily brief, and the illustrations, on the whole, in the chapter are not equal to those found in other parts of the work. We do not hesitate to cheerfully recommend it to those seeking aid in this most interesting and important department. W. H.

THE MEDICAL PROFESSION; ITS NATURE AND REQUISITES. By J. M. Bigelow, M. D., Prof. of Materia Medica, Therapeutics and Clinical Laryngoscopy, Albany Medical College.

This is the introductory address to the present (fiftieth) course of lectures at the Albany Medical College, and the thought readily suggests itself that it is a theme which furnishes ideas that with great propriety may be brought to the attention of aspirants for a place in the profession, at the beginning or during the progress of their course of study. It does us all good to think occasionally that there is something more requisite to the worthy physician than simply to know medicine. It isn't the life or good of a horse or an ox that we work for, but of a human being with sympathies and needs and aspirations. And no man has more call to stand on a moral height than a physician. Something such a thought prompted the words spoken to the medical class. The question is asked, initiatory, What are essentials to successful pursuit of the profession? and the answer is, Character, education and dignity of address. The first and last are similar; the former includes the inherent qualities, such as love of truth, honor and religion; the latter, those external manners of kindliness, delicacy, tact and dignity, which smooth the points we all touch at. A well-known actor was asked what he was teaching his boys; he said, "To fish and tell the truth." Dr. Bigelow well says, "Truth is a condition of high, positive and permanent character." Of honor he says, "But the honor which we practically mean is the honor which springs from the higher motives, which are the soul of a true, earnest, living manhood; an honor which social conventialism may trample under foot; an honor which ought to belong to all men,

plebian or patrician, ignorant or learned." Of religion: "Which honors both God and man; which ennobles the life, and gives rise to that charity and purity of heart which befits all men, and which begets uprightness and liberality, furnishes another essential of character. I mean that religion whose disciples, in revering the divinity of Christ, recollect the humanity of man, and go forth to visit the lowly as well as the great; who do not hesitate to descend into the purlieus of wretchedness and sin, and, by deeds of charity, by words of encouragement and hope, by a graceful and winning life, allure to better thoughts and nobler deeds." These three elements enumerated by our author furnish all the pigments to paint an ideal man. And we may each well remember that, to follow the figure, we all paint a picture in a life time, and we have a chance to paint only one; happy if we take in its early, dim outline the true colors, or if a little later we have yet chance to cover over the false, and by faithful effort in this our only work we toward the last succeed in approaching the model. We all know where the model may be found.

Education is, of course, essential. We commend especially, though, to the young gentlemen who have printed this address to think well of those other requisites of a physician. They will win the most thus, we fully assure them. The address is in all respects excellent, and it would be well if the whole of it could be spread before the readers of this journal. F. C. C.

NOTES AND COMMENTS.

Alcohol instead of Alcoholics.—Dr. Lewis D. Mason, in the *Medical Record* for December 10th, urges a somewhat new idea,—that is, the use of alcohol in the place of whiskey, wine and other spirituous liquors. The question is an old one, how to obtain therapeutically the often valuable and necessary effects of alcoholics, without the risk of developing their intemperate use. The conscientious physician has often found it hard to answer. They will welcome the suggestion, attributed by Dr. Mason to Dr. B. W. Richardson, of London, to employ alcohol instead of the liquors. Its taste can be more readily disguised, the dose can be adjusted to a certainty (the liquors all varying in the amount of alcohol they contain), and the result being the same, since alcohol is the active principle. An item of small additional value is that of diminished expense. The plan has the endorsement of London physicians of eminence, and Dr. Mason instances its satisfactory use in the Inebriate Home at Fort Hamilton and in the Asylum for the Insane at London, Canada.

At St. Peter's Hospital changes were made in the staff in December. Dr. Boyd was made consulting gynecologist having been attending gynecologist; Dr. Bigelow was transferred from the position of attending physician to the special department of diseases of the throat, and Dr. P. J. Keegan was appointed to fill his place of attending physician.

A late number of the *American Medical Weekly* has a valuable article, by Ephriam Cutter, M. D., on the advertised foods for infants, with illustrations of the microscopic analyses of a large number. The profession will read it with interest. Some that we have been recommending are shown to be untrustworthy.

Phthisis from Amorhœa.—Daremberg says that phthisis is occasionally due to cessation of the menstrual flow. The menstrual function may induce congestion around existing pulmonary changes or set up new foci in healthy parts of the lung. This result follows when ovarian excitement remains, the catamenial discharge being suppressed. If the flow persists after cessation of ovulation, anemia, instead of reflex congestion, results. When, however, both ovarian excitement and uterine functions have ceased, reflex and pulmonary congestion are not to be feared. The lungs of phthisical women should be examined at each menstruation, and excitement should be combatted by digitalis, quinine, bromide of potassium, rest and revulsives. If the flow ceases, though ovarian function continues, the treatment in addition should be to stimulate its reappearance, and, with the opposite condition, the flow should be lessened gradually, not suddenly. When both functions have ceased, it is worse than useless to again bring on the menses.

The following has been sent to the alumni of the Albany Medical College:

Albany, December 28, 1881.

Dear Doctor:

Letters having been received by the Committee on the Alumni Prizes for 1881–82 which indicate that the subject of the "McNaughton Memorial Prize" is erroneously regarded by some as a surgical rather than a medical topic, as was intended, the Committee have decided to receive essays upon "Malaria," in competition for this prize, as well as upon "Antisepsis," medically treated. Essays in competition for this or other of the Alumni Prizes may be sent to the Secretary of the Association on or before February 14, 1882. It is believed that the coming annual meeting to be held on Wednesday, March 1, 1882, will be a very eventful one in the history of the Association.

Yours sincerely,

A. VAN DERVEER, M. D., *President.*

WILLIS G. TUCKER, M. D., *Secretary,*
4 Lancaster St., Albany, N. Y.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. FEBRUARY, 1882. No. 2.

THE MOBILITY OF THE STOMACH.*

WILLIAM S. ELY, M. D., ROCHESTER, N. Y.

In the diagnosis of visceral disease, it is well understood that great exactness is possible on one side of a certain line, and great inexactness frequent on the other side. You will anticipate me in recalling this line or division as that known as the diaphragm. Above it physical diagnosis has been so perfected as to be seldom erroneous; below it we often flounder and confess our inability to determine the seat and nature of disease. For this there is an adequate reason. In the cavity above are few organs, with fixed and definite relations. In the cavity below are numerous viscera, so mobile, so superimposed as often to baffle in their derangement the most skilful diagnostician. A separate article, full of interest, might be written on the perplexities attaching to the diagnosis of disease in each of the abdominal viscera. And if those of us present should sum up our mistakes in diagnosis below the diaphragm it would be an interesting and confusing tale. These reflections are suggested by the recollection of three instances of mistaken or obscure diagnosis in disease involving marked displacement of the stomach, which have led me to conclude that there is a greater mobility to this organ than is commonly supposed. In the briefest way I shall narrate these mistakes, with the hope that those present may be spared a repetition of the

* Read at the meeting of the Central New York Medical Association, at Syracuse, November 15, 1881.

errors into which I have fallen. They all turn upon the mobility of the stomach, or its tendency to move in whole or in part from its normal, anatomical relations, under varying conditions of disease — to "swing around the circle," so to speak — to ascend or descend, as lines of least resistance may determine.

Error 1st. Several years ago I was called to see a woman who was said to have cancer of the stomach. The diagnosis was made for me in advance. I went simply to confirm it, and easy work it was. There was the cachexia; there was the vomiting; there was the emaciation; and best of all there was the tumor. It was the work of a few minutes only to clear up the case and give the inevitable prognosis to the friends. It was wise to call in an older man to confirm the opinion, which he did quickly. He felt the tumor plainly in the right epigastric region below the liver, just where it should be for cancer of the pylorus, and a good large one it was too — hard and somewhat irregular. The woman died very soon, and I was granted a post mortem examination. What was my surprise, on opening the abdominal cavity, to find that what had been supposed to be cancer of the pylorus, was a gall bladder distended with gall stones, and in looking for the pylorus, it was found that it had swung downwards and to the left — two inches below and two inches to the left of the umbilicus. It was the seat of well marked scirrhous disease, but I am free to admit that I had not detected it during life.

Error 2nd. A few years ago a man came into the City Hospital with empyema on the left side. A spontaneous opening had occurred; pus had burrowed under the muscles of the chest, and was discharging to the left of the nipple. I felt that this sinus should be straightened, free evacuation secured, and washing of cavity effected, and undertook to do this. Not succeeding in tracing the course of the channel the first day, the patient being exhausted, the operation was deferred until later, when I had decided that I should push in a bistoury to the left of the heart. But permission to operate was refused, and patient gradually sank away and died. On post mortem examination it was found that the left lung was partially destroyed, and the remainder firmly compressed to the spine. In consequence of the spontaneous discharge of pus, and the inexpansibility of the lung, the diaphragm on the left side had risen; the cardiac end of the stomach had followed it, and if I had succeeded in my proposed

puncture to the left of the heart, I should have perforated the stomach, to my great mortification.

Error 3rd. During the past summer I treated a woman at the City Hospital in whose case the diagnosis was difficult. There were progressive emaciation, mal-nutrition, and complete failure of all remedial measures. The resident assistants called my attention to a little tumor in the left hypochondriac region, which was extremely mobile — present on one visit and absent on another, found and lost before you could demonstrate it to another — seeming to slip up under the ribs and hide there for a time. I simply said I did not know what it was, and certainly I did not, and others concurred with me in failure to make a diagnosis. The woman died in due time, and on post mortem examination I was curious to know what this little tumor was, and greatly surprised to find that it was the pyloric end of the stomach which had bent over to the left side, and was enlarged by what proved to be, on microscopic examination, cancerous disease.

These three cases, thus briefly sketched, are sufficient to illustrate the extent of some actual deviations of the stomach, and to enlarge the significance of the term *mobility*, as applied to this organ. They may serve to keep us on our guard in the diagnosis of some of our obscure cases of abdominal disease, and lead us to keep the stomach in mind, in operations upon the chest.

USE AND ABUSE OF ASTRINGENTS IN EYE DISEASES.

BY G. S. MUNSON, M. D., ALBANY.

Nations, like individuals, are distinguished by a peculiar character of mind as evinced by their respective modes of observing, reflecting and acting. Thus the English are noted as surgeons; the French as chemists; the Germans as pathologists and histologists; the Americans as therapeutists. We pride ourselves on our knowledge of the art of healing, and I think justly. And yet the wisest of men at times will err. A remedy, which in the hands of one may promote a safe and rapid cure, will, in the hands of another not skilled in its use, cause irreparable mischief and a life of misery. Only too frequently does there fall into the hands of the oculist examples illustrating

this. How many men there are totally blind because a useless stump had not been eneucleated in season, or again, blind because at the acute attack of glaucoma a proper remedy had not been employed, or again, a child blind and doomed to a miserable existence because the physician had not applied remedies when the little sufferer had ophthalmia neonatorum. Is it a sufficient excuse that the general practitioners are not oculists and aurists? Unless living in large cities, the division of professional talent and labor in specialties it quite impossible; hence to the practitioners throughout our country towns and smaller cities the blending of all the medical sciences and arts is unavoidable, and the responsibility of treatment, which otherwise would fall upon the specialist, must often be met by him.

The use of astringents in all external inflammations of the eye and its results is universal In order to accomplish their object they must be applied directly to the afflicted organ. Among the most favored remedies used as astringent eye lotions are nitrate of silver, sulphate of zinc, alum and lead, probably ranking in importance and effect in the order mentioned.

Nitrate of silver, of which I desire to especially speak, outranks all other irritants or astringents for effectiveness when properly employed. Above one per cent., or five grains to the ounce, it no longer acts as an astringent but as a caustic; hence it is rarely safe to apply it to the eye above this strength, and should not be given to the patient under any circumstances for his own hands to apply. Only within the last few weeks have I had under my care a patient in whom the improper use of this usually efficient remedy well nigh caused the loss of an eye.

He was a vigorous man, aged 62; had been troubled with mild catarrhal conjunctivitis, especially in the right eye, for three months, and becoming anxious, thought a sea voyage might be beneficial; in June sailed for England. On the return passage in July, the eye continuing in its irritable state, he fell under the treatment of the ship surgeon, who sometimes once and sometimes twice a day poured into the inflamed eye nitrate of silver, the patient lying on a sofa, while the surgeon used a quill as a dropper. The nitrate of silver was poured directly on to the eye-ball, a procedure not admissable under any condition of the eye. The patient suffered intensely after these instillations. The right eye was the one alone affected. This treatment continued for eight days while on the ship. The day after

arrival I was called to see him. His condition was then as follows: A deep sloughing ulcer existed in the peripheral portion of the cornea; some iritis; much chemosis, photophobia and lachrymation; also the patient had been well salivated. The slough, when first seen by me, presented itself as a deep, white infiltration, which covered fully one-third of the lower and peripherical portion of the cornea; also the swollen lower eyelid heavy with its engorged vessels and the products of inflammation was withdrawn by its weight from contact with the eye-ball. Although he came in this alarming condition direct from the hands of a surgeon, yet he had in his possession then a prescription for nitrate of silver, which the surgeon had advised him to have filled on arriving home and to use in the same manner as on ship-board. By the prompt use of antiphlogistic and soothing remedies, such as atropine, a compress bandage, leeches, a dark room and rest in bed, this acute case of inflammation and ulceration readily came under control, and at present writing the patient has nearly recovered, but with considerable leucoma as the result of the ulcers.

There can be no question, as I said before, but that nitrate of silver is one of the best of the astringent and caustic remedies in our possession, when it is properly used; but, like many a good servant, when improperly used, it may become the cause of much and irreparable mischief. Stellwag, in his comprehensive work on diseases of the eye, says: "After the palpebral conjunctiva has been painted with a camel's hair brush dipped in a solution of argent. nit., in order to prevent undissolved portions from touching and cauterizing the cornea, it is necessary to first wash away the excess of it with another brush dipped in water. This is especially necessary when strong solutions are used; still, even in weak solutions, the neglect of this precaution is not entirely without danger."

Let me, in conclusion, give the following directions, which, I believe, invariably command our attention in the use of this agent:

First, it should never be used in diseases of the cornea; such diseases require the use of atropine and soothing applications.

Second, it should never be applied by other hands than the physician's.

Third, to counteract its too powerful effects and to wash away the surplus, use immediately pure water. The addition of a

little common salt has been highly recommended, although I think pure water is as serviceable.

Fourth, a slight irritation always follows its use, and is necessary, and, so long as it remains within the bounds of moderation, is not to be resisted; but, if the reaction is serious and the discharge a few hours after application is rendered greater, then the use of cold or ice applications becomes necessary, and the nitrate of silver should be stopped only to be tried at a later period and in milder solutions.

Fifth, when an inflammation of a sthenic character exists, showing itself in a copious pus discharge, as in the acute stage of diphtheritic, blenorrhœic and trachomatous conjunctivitis, abstain from the use of irritating astringents, for they are always harmful, and apply your ice applications constantly, and keep the eye clean by pure water. When the discharge in these purulent diseases has ceased or is mostly mucous, then nitrate of silver applied once a day, in three to five grain solution, is invariably called for, and under its use a rapid improvement and cure may be expected.

Finally, although in the severer cases nitrate of silver is the unquestionable remedy, yet, in the ordinary mild catarrhal conjunctivitis, where the patient complains, as is usual, of a burning and itching sensation in the eye, and there is a moderate amount of congestion and redness of the conjunctiva, I know of no better astringents than those ordinarily given,—sulphate of zinc or alum, one to three grains to one ounce of distilled water, as menstruum. If you wish to make a slightly aromatic vehicle, you may use rose water or cherry laurel water.

While clinical assistant at Knapp's Institute in New York, where there would average over a hundred patients daily, I found fully fifty per cent. of them would demand treatment with astringents, if not immediately, at least at some period of their disease. Carrying in mind these few practical suggestions on the proper and improper use of astringents, simple as they are, I am quite certain there is little danger of erring in treatment, and that, on the contrary, most pleasing results will be attained with them.

FRACTURE OF SKULL, WITH LOSS OF BRAIN SUBSTANCE, FOLLOWED BY RECOVERY.

A. T. VAN VRANKEN, M. D., WEST TROY.

George O., 24 years old, in the employ of a liveryman, after indulging in bacchanalian festivities, on the evening of January 10th of last year, received a kick from one of his horses, the sharp steel calk penetrating the skull at a point on the right parietal bone, near the sagitto-coronal suture, fracturing both tables and entering the cerebral substance.

A careful examination showed that the membranes were punctured; the pulsations of the brain were distinctly visible and accompanied by a slow, but sure, oozing of the cortical substance. No depressed bone could be detected, nor were there any physical indications of such; but numerous firmly-fixed spiculæ were found, which could not be removed by ordinary means. A small branch of the anterior temporal artery having been divided by the wound on the scalp, a large quantity of blood was lost thereby. After thorough cleansing, light compresses of lint and a roller were applied, with carbolized lotions. The inebriated condition of the patient was such that no reliable data could be determined as to shock, pulse, temperature, etc.

On the following morning, upon removing the dressing, a teaspoonful of absolute brain matter welled up from the wound, ceasing only when the compress was reapplied. During the succeeding forty-eight hours, no unusual symptoms appeared, the pulse and temperature remaining nearly normal *continuously* after the injury. At the succeeding dressing, no farther oozing of the brain matter occurring, the wound was kept freely open by tents. On the third day, symptoms of paralysis appeared on the left side, resulting in twenty-four hours in complete hemiplegia, although there was no stertor or unconsciousness (except in subsequent convulsions) at any time. At this juncture of affairs, Dr. McLean, of Troy, was called in consultation to consider the propriety of trephining, but, in the absence of any evident depressed bone, and the probability that the pressure was caused by accumulated debris, it was deemed inadvisable, and the drainage treatment was continued, with strict attention to the free action of the bowels and kidneys.

During the second week, the wound, which heretofore had been free from pain, became very painful; and, although a free discharge was taking place, frequent and violent convulsions rapidly followed, which could be controlled only by the use of morphia hypodermically. A few days later a small, pointed fragment of bone was removed by the forceps, as were other fragments at intervals, the convulsions becoming milder, and less frequent, not ceasing, however, altogether.

Eight weeks after the accident the hemiplegia, which until then had been complete, began gradually to disappear, and at the present time he is able to walk about comfortably, and is without any impairment of mind or memory.

For several months a small amount of healthy pus discharged from the wound, which would have been allowed to heal were it not for a fragment of the outer table which is still denuded, the membranous covering of the brain being quite intact.

During the progress of the case, *twice* recovery seemed impossible; in one instance the attendants failing to discover any indications of life, informed the friends that death had occurred.

From the result thus far, it would seem that the case has been successfully conducted only by persistent efforts to keep the wound *freely open*, notwithstanding the danger at times of a cerebral hernia.

Discussion.

Dr. P. B. Collier reported a case where similar hernia of the brain occurred. Fracture occurred through the left parietal bone. The depressed bone was elevated without trephining. Brain substance protruded; it was shaved off and a bandage applied. The case ended in recovery.

Dr. A. Van Derveer spoke of fractures in army practice, done to the skull by minie balls, the skull being torn up by them. The hernia of the brain that took place in the day or two that they lived was often enormous. Why it was so it is difficult to say. They were often left to the last by the ambulance, more hopeful cases being first taken, which might possibly account for it. Care should be taken in cases of fracture of the skull to remove all speculæ of bone. In the case reported by Dr. Van Vranken the violent convulsions were undoubtedly due to this cause.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

EVENING SESSION—WEDNESDAY.

The society convened at the New Capitol and listened to the annual address of the President. Dr. Jacobi took for his subject "Infant Feeding and Infant Food," after which the society adjourned to the Delavan House to attend the annual banquet. During the evening the following toasts were responded to:

"The Clergy," by Rev. W. R. Davis, of Albany.

"The Law," by J. Irving Browne, Esq., of the *Albany Law Journal.*

"The Press," by St. Clair McKelway, Esq., of the *Albany Argus.*

"The Medical Society of the State of New York," by Dr. William Govan.

"The Ex-Presidents," by Dr. S. O. Vander Poel.

"The Business Committee," by Dr. D. B. St. John Roosa.

"The State Board of Health," by Dr. Elisha Harris.

"The Undertakers," by Hon. Charles Hughes.

"The Evening of February 8, '82," by Dr. Robert Frazier.

"The Medical Expert," by Dr. John P. Gray.

MORNING SESSION—THURSDAY.

The society was called to order at 10 o'clock. Prayer by Rev. James H. Ecob, of Albany.

The report of the Committee on Legislation was taken up for discussion, and, on motion of Dr. Roosa, recommitted with instructions to prepare a bill defining what constitutes a legal practitioner of medicine and providing for the punishment of those who evade the law and commit perjury. The recommendation made by this committee, of a State Board of Examiners, appointed by the Regents of the State of New York, was adopted. A resolution was adopted extending the sympathy and encouragement of the society to the New York County Society in their efforts to secure sufficient legislation to protect the profession and expose charlatans.

Dr. J. P. Gray offered the following:

Resolved, That the true function of the medical expert is to expound and interpret the result of the pathological conditions, and that in the absence of disease he is not justified in drawing conclusions as to civil responsibility from moral manifestations of conduct, that department belonging exclusively to law.

The Otsego County Society presented a resolution to relieve certain permanent members from paying dues, on recommendation of county societies. It was referred to the Committee on By-Laws.

*A conclusion of the proceedings as reported in the DAILY ANNALS.

The Special Committee on President's Address, offered resolutions favoring the erection of special hospitals for contagious diseases of children. Also, that the conferring of the title of Doctor of Medicine should be by medical colleges only after the examination and recommendation of an independent board of examiners, which board shall be common to all colleges.

Dr. C. R. Agnew was appointed a member of the special committee to act in conjunction with the society to prevent cruelty to children, in place of Dr. James P. White, deceased.

Dr. Austin Flint offered the following resolution:

WHEREAS, Efforts have recently been made to xcite in the minds of ignorant people a prejudice against vaccination,

Resolved, That this matter be referred to the Committee on Experimental Medicine, and that this committee be empowered to take such measures as may seem to its members requisite for the protection of the public health.

Adopted.

Dr. A. Flint was added to the committee.

The following papers were presented :

"Application by insufflation of medicated powders to the upper air passages, for the relief of catarrhal conditions," by Dr. D. H. Goodwillie, of New York.

"Inflammation of the shoulder joint, resulting from hemiplegia," by Dr. L. E. Felton, of St. Lawrence county.

"Report of a case of molluscum fibrosum," by Dr. George G. Hopkins, of Brooklyn.

"The early diagnosis of Pott's disease," by Dr. V. P. Gibney, of New York.

"The significance of pain referred to the ear," by Dr. D B.. St. John Roosa of New York.

"On the use of avena sativa," by Dr. E. H. M. Sell, of New York.

"Cases of glaucoma in which iridectomy on one eye seemed to precipitate an attack of acute glaucoma in the fellow eye," by Dr. D. Webster, of New York.

"A few original thoughts on cholera," by Dr. H. Raymond Rogers, of Dunkirk.

"Facial paralysis occuring in connection with aural disease," by Dr. S. Sexton, of New York.

The report of the nominating committee was received and the officers named therein unanimously elected as follows :

President—Dr. Harvey Jewett, of Ontario.

Vice-President—Dr. E. D. Ferguson, of Rensselaer.

Treasurer—Dr. Charles H. Porter, of Albany.

Censors—S. D., J. W. S. Gouley, C. R. Agnew, Austin Flint, of New York ; E. D., C. E. Nichols, M. H. Burton, W. S. Cooper, of Troy ; M. D., Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, of Utica ; W. D., C. C. Wyckoff, Thos. F. Rochester, of Buffalo, and Henry Lapp, of Clarence.

Committee of Arrangements—Drs. S. B. Ward, J. S. Mosher, of Albany and W. S. Ely of Rochester.

Committee on By-laws—Drs. W. C. Wey, of Elmira; Alex. Hutchins, of Brooklyn, and Wm. Manlius Smith, of Manlius.

Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; Jacob S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; Edward Hutchinson, Utica, and Theodore Dimon, Auburn.

Committee on Legislation—Drs. Wm. H. Bailey and A. VanDerveer, Albany, and F. R. Sturgis, of New York.

Committee on Medical Ethics—Drs. C. R. Agnew, New York; E. M. Moore, Rochester, and S. O. VanderPoel, of New York.

Committee on Prize Essays—Drs. Thomas F. Rochester, Buffalo; W. S. Ely, Rochester, and W. W. Potter, of Buffalo.

Committee on Publication—Drs. Wm. Manlius Smith, Manlius; Charles H. Porter, Albany; H. D. Didama, Syracuse, and J. Foster Jenkins, of Yonkers.

Censors of College of Medicine, Syracuse University—John W. Whitbeck, of Rochester.

Permanent Members—First district, G. H. Fox, F. R. Sturgis, Louis Elsberg, New York; John D. Rushmore, F. W. Rockwell, Kings; Second district, E. H. Loughran, Ulster; Samuel Swift, Westchester; Third district, F. C. Curtis, Albany; W. S. Cooper, Troy; Fourth district, Lucius E. Felton, St. Lawrence; F. L. R. Chapin, Warren; Fifth district, W. H. Johnson, Lewis; D. Pardee, Oswego; Sixth district, B. F. Smith, Chenango; Seventh district, Jos. P. Creveling, Cayuga; Eighth district, Thos. M. Johnson, Erie; J. O. Roe, Monroe.

Honorary Members—Drs. Charles N. Hewett, Red Wing, Minn., ; Roberts Bartholow, Philadelphia; Sidney Ringer, London.

Eligible to Honorary Membership—Drs. Theo. G. Wormley and Wm. Goodell, Philadelphia.

Delegates to State Medical Societies—New Jersey: N. C. Husted, Westchester; William Govan, Stony Point, and Jas. C. Hutchinson, of Troy. Massachusetts: G. G. Monson, St. Lawrence; E. N. Bruch, Oneida, and Peter V. S. Pruyn, of Columbia. Ohio: Thomas R. Pooley, of New York. Pennsylvania: H. C. May, Steuben; S. Van Etten, Orange, and J. W. Moore, of Albany. Vermont: Lyman Barton, Essex, and A. M. Phelps, of Franklin. New Hampshire: Wm. M. Chamberlain, of New York.

Delegates to Canadian Medical Association—Drs. John Gerin, Cayuga; D. V. O'Leary, Albany; L. E. Felton, St. Lawrence, and C. C. Dodge, of Clinton.

Delegates to American Medical Association—Drs. W. C. Wey, Elmira; C. R. Agnew, H. G. Piffard, S. O. VanderPoel, D. B. St. John Roosa, F. R. Sturgis, Daniel Lewis, A. Jacobi, F. H. Hamilton, Fordyce Barker, L. A. Sayre, Wm. M. Chamerlain, L. D. Bulkley, A. V. B. Lockrow, New York; W.

Ely, E. M. Moore, Rochester; Wm. H. Bailey, Albany; E. S. Howe, Clinton; Harvey Jewett, Canandaigua; John P. Gray, Utica; T. B. Reynolds, Saratoga; N. C. Husted, Tarrytown; George J. Fisher, Sing Sing; J. Foster Jenkins, Yonkers: Thomas F. Rochester, Buffalo; Fred. Hyde, Cortland; G. H. P. Spencer, Watertown; J. C. Hutchinson, E. R. Squibb, Brooklyn; Maurice Perkins, Schenectady; Theodore Dimon, Auburn, and J. H. Chittenden, Binghamton.

President Jacobi then returned thanks for the consideration with which he had been treated during his official career, and after a vote of thanks to the various committees, the society adjourned *sine die.*

EDITORIAL NOTES.

—The recent meeting of the state society was one of the best attended and most interesting ever held. A good number of the leading men of the State were present. Every thing went both with zeal and smoothness. The papers, which were in abundance, were of average merit. The Albany Medical College had flattering attention attracted to it by Dr. Hailes' paper on "Laboratory Teaching." The most important subject discussed, through a long evening session, was the revision of the Code of Ethics, and a decided latitudinarian spirit was shown. The committee reported a Code which, following the National Association Code, ran the pen through much of it and qualified some—the whole filling about two of our pages. As to consultations, members "may meet in consultation legally qualified practitioners of medicine," no reference being made to "the exclusive dogma." Bringing medical controversies before the public, in print, with personal insinuations, are properly made the subject of discipline. Dr. Roosa urged as a substitute for the whole a single paragraph, setting forth that the only ethical offenses are deeds unworthy a physician and a gentleman, but he must have intended it as a witticism. The two appellations are, unfortunately, not always synonymous. The committee's report was adopted by a large vote. It is printed in the Daily Annals. Experimental medicine received attention again, the report being ordered printed and distributed to the Legislature. The President's address was listened to attentively by a large audience in the Assembly chamber. The subject, "Infant Feeding," was one which Dr. Jacobi has written on before, and the address appeared repetitional, but was, as a matter of course, excellent. The annual dinner at the Delavan House, following it, was well attended, and some fair after-dinner speeches were made.

—The Medical Annals again,as last year, printed a daily issue. In accordance with the promise contained in it the proceedings of the last day are printed in this number.

—If an unchangeable devotion to the interests of the society entitles a member to its honors, it has simply performed an act of justice in asking Dr. Jewett to act as its presiding officer for the coming year. He has won the respect and confidence of the society by his affectionate labors as a member of the various committees upon which he has served, his intelligent participation in the scientific work of the society and those enviable qualities of mind and manner which are so characteristic of him. He has been for many years consulting physician at Brigham Hall, the private insane asylum at Canandaigua, and censor of the Buffalo Medical College, from which institution he graduated in 1851.

—Portraits for the Society Room.—The work of the committee having charge of the collection of portraits, to which we called attention last year, has been attended with success thus far. Quite a number have been brought together by them. The contribution by Dr. Devol of a medallion in marble of himself is a considerable addition, more characteristic of him, however, than faithful as a likeness. The latest gift is a portrait in oil of Dr. Peter McNaughton from his daughter, Mrs. E. J. Miller. It represents him nearer his prime than his later life, but is a good picture of him. For this and all the rest the society is grateful and will preserve them as family portraits are preserved.

—Commencememt Day of the Albany Medical College is March 1st. The following is the programme : 10 a. m. and 2 p. m. Sessions of the Alumni Association. President, A. Van Derveer, M. D.; Secretary, W. G. Tucker, M. D. ; Treasurer, G. L. Ullman, M. D.; and Historian, Jno. Ben. Stonehouse, M. D. 8 p. m. Commencement exercises at Tweddle Hall. Dr. S. O. Vander Poel, of New York city, ex-professor of Theory and Practice of Medicine, will deliver the address to the graduates. The class numbers fifty-five. At the termination of these exercises, the Alumni banquet will be held at the Delavan House.

—The New York State Pharmaceutical Association meets in this city, June 20 and 21. Dr. A. B. Huested, of this city, is president ; Dr. Clay Holmes, of Elmira, is secretary ; and Mr. Charles H. Gaus, of Albany, is local secretary.

BOOK NOTICES.

Eczema and its Management. A practical treatise based on the study two of thousand five hundred cases of the disease. By L. Duncan Bulkley, M. D., New York. 344 pages. Published by G. P. Putnam's Sons.

To those who question the utility of the tendency to the division of medicine into specialties, and who would have the title of physician cover all the subject, perhaps no other answer is needed than a reference to the results attained by devotion to limited special work. Diseases of the eye have now for a good while been allowed by all a place as a specialty, but it is only of late years that other exclusive specialties have had prominent attention — at least in this country. Diseases of the throat and of the skin are, within the last two decades, finding, in the larger cities, special workers who are pushing them prominently to the front.

This is particularly true of dermatology. There were men in this country whose names were associated with the subject, but it was in connection with general or surgical or venereal practice. We are not aware of any exclusive specialist prior to this time. The subject was scantily taught, and seldom appeared in the journals. To the profession it has been a veritable bridge of asses; the general practitioner seldom thinks it to his discredit to declare his complete ignorance of this mysterious, intricate class of diseases.

In 1871, Jeffries' little prize essay made its appearance; in 1876, Piffard's, and the next year Duhring's admirable work, Bulkley's translation of Neuman and publication in this country preceding them. In 1879, the *Archives of Dermatology* began, and has continued since, — a credit to the country. It was preceded a few years by the *Journal of Syphilography and Dermatology.* Lithographic and photographic illustrations, rivaling European productions, have appeared, and numbers of men have devoted themselves to its exclusive pursuit, and the profession generally are looking on skin diseases with something more of intelligence. And this is largely because the teaching is coming from Americans. There are no diseases in which the fact is so strongly marked as with these of the skin, that they vary in geographical distribution. Each country has its own diseases and its own peculiarities of the diseases.

Dr. Bulkley's monograph is the latest contribution to dermatological literature. It is also the largest monograph, being twice the size of Anderson's. That one disease alone should call forth so extended consideration will strike the uninformed as unnecessary. It is to be borne in mind however, that it is by far the most frequent of all of its class. Eczema, universally distributed as it is, statistics on all hands show to constitute from one-third to one-half of the entire number of skin diseases, at least in this country. More than that, it is not only thus numerous, but it is multitudinous in its manifestations. It is a whole catalogue of diseases under one name, some having a most shadowy co-resemblance. Our author has collected 180 names that have been applied to the disease and its varieties. It is not possible to name a disease, the attempt to give a graphic idea concerning which, to those unfamiliar with it, within a limited space, is so difficult. It is clear, then, that it is worthy of a large space. It may be said here that the book is not unwieldy, for it is well classified, and any part of the subject is easily found.

After some enumeration of general facts, the perhaps most difficult chapter is reached, on the symptoms of eczema. Whether Dr. Bulkley has treated this in just the best way is questionable. It is to this chapter that the inexpert will turn first to learn the look of the disease. He will find the various symptoms that occur, under one form and another of the disease, enumerated and described. A graphic description of typical specimens might better have found a place along with these. This is somewhat met under the description of the different forms of the disease, but there does not appear a simple, sustained picture of the disease that the uninitiated would like to find and those who are familiar with Dr. Bulkley's "clinical conversations" would expect.

In the chapter on the nature of the disease, the author in arguing for its constitutional origin, does not prove a faithful disciple of one of his teachers, Hebra. But it makes good reading, though he seems to minify local causes, some of which, such as varicose veins, seem often very independent of any thing beyond them. The etiology fills a chapter with admirable detail. It will convince all that no one is likely to succeed in dermatology who is not well up in general medicine; that you cannot cure the skin unless you know the body it covers. The *management* of eczema is the title of the book, and the subject of treatment

fills nearly two-thirds its space, and constitutes its best part. There are 150 pages given to local treatment. The author's large chance for observation comes out here. It is spread out here practically and explicitly. Eczema is declared to be a curable disease, though we have all had cases that made us waver as to believing it, and it is just how to cure it that the great number of cases seen in metropolitan dispensaries must tell us. The profession has a claim on that experience; and New York has done its duty well, especially in 1881, in giving this excellent work and also Dr. Piffard's treatise on "Therapeutics of the Skin." All who wish to learn well what has been neatly termed the key-stone of skin diseases, should master this work under consideration.

A Treatise on Materia Medica and Therapeutics of the Skin. By H. G. Piffard, M. D. New York: Wm. Wood & Co.

Dr. Piffard's book is somewhat of a novelty. It is a departure from the regulation text-book, of which there is always liable to be a needless repetition. It is the first attempt yet made to bring together the materia medica of skin diseases. There are 110 pages taken up with drugs, and much more space would be filled except for a somewhat intricate condensation. Under four heads, denoted by letters, are arranged the effects on the healthy skin when taken locally and internally, and the affections in which they have been found useful, in the same way. Often a single word is made to suffice. Authorities are given by a system of figures. Probably no one is better prepared to write up this matter than is the author. Its importance is seen when we are reminded that many of the articles are quite new, and that very few of them are spoken of in respect to their special use in any work on materia medica in general. A formulary is appended which is of some value, and we are glad to see here, Sherwell's formula for diachylon ointment, the best method of preparing it. Part II, taking two-thirds of the book, is on Therapeutics, and consists of an alphabetical arrangement of skin diseases, description and treatment. This is a more practical work than the author's earlier book on "Diseases of the Skin," and will be of much use to the general practitioner, as well as valued by those especially interested in dermatology. It is one of the volumes, for 1881, of *Wood's Library of Standard Medical Authors.* F. C. C.

BOSTON MEDICAL LIBRARY ASSOCIATION

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. MARCH, 1882. No. 3.

FRACTURE OF THE CLAVICLE TREATED WITH THE "BACK SLING."*

BY LORENZO HALE, M. D., ALBANY.

Mr. President and Gentlemen:

It is with a degree of hesitation that I bring before this society the subject of fracture of the clavicle, fearing lest I shall be misunderstood as not appreciating the venerable and brilliant Dr. Moore, of Rochester, whom I regard as the man to whom the respect and the thanks of the whole profession are due for originating and unfolding the only true principle of treatment for fracture of the clavicle.

I assume to myself to have so modified the application of that principle as to increase the comfort of the patient and the efficiency of the method of extension employed.

E. M. Moore, M. D., of Rochester, has well shown, ("Transactions of the Medical Society of the State of New York, 1870," p. 107 *et seq.*) the faults of the treatment with the axillary pad. While the theory of treatment as developed by him is demonstrably correct, yet his bandage — "a shawl," "eight inches in breadth" "when folded,"— appears to be somewhat cumbersome and warm; and, in passing over and in front of the injured shoulder, it lies over the depressed fragment, and hides the fractured bone away from inspection; and, when firm extension is attempted, pressure appears to come on the already depressed fragment.

* Read before the Medical Society of the State of New York, February, 1882.

These undesirable conditions are obviated by the use of a sling, applied by holding one end of a narrow roller bandage against the scapula of the sound side, and then passing the bandage under the forearm of the injured side near the elbow (the elbow being first bent and drawn back), thence up, around and over the same forearm and across the back to the axilla of the sound side, then in front of and over the sound shoulder to unite with the end held at the place of beginning (see figure No. 1). It is not always necessary that the bandage should be thus officinally crossed on the back; but a "back sling" forming parallel lines on the back, although slightly cooler, is not quite as secure.

Fig. No. 1.

And further,—instead of finding support for the hand by a sling in front, fastened directly over the fractured clavicle,—a narrow strap may pass from the wrist across the chest to the "back sling" on the sound shoulder. The front support is thus entirely away from the weak shoulder, and tends to lessen the strain and chafing of the bandage on the sound shoulder (see figure No. 2).

This dressing admits of the application of a compress over the inner fragment, to be held down with adhesive plaster; but, except when the clavicle is broken into more than two fragments, a compress will seldom, if ever, be necessary, since the "back sling," in

Fig. No. 2.

drawing back the humerus, makes traction upon the clavicular portion of the pectoralis major — opposing the clavicular fibres of the sterno-mastoid which have drawn the inner fragment upward — and thus pulls the inner fragment of the clavicle downward.

The outer fragment is also acted upon by this drawing back of the humerus, for the scapula is pushed upward and inward toward the spinal column, and, through the medium of the scapulo-clavicular articulation, the outer fragment of the clavicle is brought upward, and extended outward, and the axes of the two fragments are firmly held in one continuous line.

Hence, the "back sling," in holding back the humerus, is seen to fulfil what have always been specified as the indications in the treatment of fractured clavicle, viz.: to support the shoulder in a direction *upward, backward* and *outward.*

Similar anatomical conditions to these above detailed are obtained, although to a less degree, by simply pinioning the forearm of the injured side behind the back; this posture is more uncomfortable and less effective than the "back sling," but may be necessary in the treatment of fractured clavicle in imprudent or insane patients, where it would not be safe to permit even the slight freedom of motion allowed by the "back sling."

This "back sling" should be of some material that will not cut nor wrinkle, such as suspender webbing or a wide leather strap; it is light and cool; it leaves the site of the fracture *at all times accessible* (see figure No. 2); it safely allows a moderate and comfortable degree of motion in the forearm and hand; it gives the patient an immediate sense of security and relief, and is followed in practice by a result that approximates perfection. As it is to be applied over a portion of the clothing, which serves in a measure the purpose of padding, it is agreeable to the patient.

Aged persons and others whose flesh is soft or œdematous require some form of protecting splint or padding, as a saddle or muff on the forearm, and also padding in front of the sound shoulder, and in some cases daily tightening and slackening of the bandage; on this account it is convenient to have the ends of the "back sling" fastened with a buckle.

The following cases illustrate the use of the "back sling" in different conditions:

W. S. H., a boy, four years and ten months old, was treated

in September, 1875, with a figure 8 bandage and axillary pad for simple fracture near the middle of right clavicle. The fragments could not be kept in apposition, and the callus became very large. Dr. Moore's dressing was then applied, and found to be a great improvement over the axillary pad, but was not satisfactory for reasons which have been already stated. After about two weeks, a suspender and buckle were applied as a "back sling" without any padding; it held the fragments in good position, and was a delight to the patient. This bandage was removed after about two weeks more. After another month it was impossible to detect with certainty the injured bone. This is the original patient for whom this dressing was first devised by the writer.

Mrs. C., aged 66, fell down a stairway and fractured the right clavicle near the middle. The "back sling" was applied soon after the injury. The patient was œdematous from head to foot, and required splint and padding under the suspender band about the forearm and the opposite shoulder; the sling was each morning tightened, by means of the buckle at the back, and slackened at night. Crepitus was last observed in the middle of the third week. *No callus* could be felt at any time, except a very slight ring on the tenth day only. The "back sling" was removed after six weeks, and which clavicle had been fractured *could not then be detected.*

Charles L., a boy of eleven years, fell from a moving wagon, when inside a barrel, October 8, 1880. After five days of pain and fomentations, the patient was presented for treatment. The "back sling" was applied, and gave immediate relief. In the second week the callus formed two horns; the one above the clavicle pointed to the shoulder, and the projection below the clavicle grew out toward the sternum; this condition simulated malposition of the fragments. The "back sling" was worn until the fourth week. After two months the horns of callus were wholly absorbed, and the bone appeared to be *as perfect as if never broken.*

Fracture from direct violence near the acromial end of the clavicle is difficult to reduce, on account of the length of the inner fragment tilted upward by the sterno-mastoid. In my own hands, and with other practitioners of Albany, even these difficult cases have been restored to symmetry by the use of this "back sling."

Langenbeck, led by the unsatisfactory results following the use

of various apparatus in fracture of the clavicle, has attempted treatment by silver sutures. Cutting down to the seat of fracture, the ends were accurately sutured together, the arm being fixed by a Desault bandage. An ideal result is said to have followed.

PROLAPSE OF THE OVARY; ITS DIFFERENTIAL DIAGNOSIS.

O. E. HERRICK, M. D., GRAND RAPIDS, MICHIGAN.

While the above lesion is comparatively rare, even in gynecological practice, it is still important that we be able to differentiate between it and numerous other abnormal conditions often found within the female pelvic cavity. There are a number of conditions quite similar to, and very liable to be mistaken for, prolapse of the ovary; and, indeed, some of them may be associated with that difficulty, in which case the diagnosis is rendered still more obscure. Among the abnormities most likely to be mistaken for ovarian prolapse may be mentioned uterine retroversion and retroflexion, cyst of the broad ligaments, uterine fibroids attached to the posterior wall, especially the pedunculated variety, fibrous tumors and cysto-fibroma of the ovary. Dermoid, and, in fact, any and all of the tumors found in that locality, may, when small, be mistaken for, and confounded with, prolapse of the ovary. The inflammatory deposit from an old cellulitis, scybala in the rectum and cancerous deposits have in their turn been mistaken for the ovary in Douglas' cul-de-sac. From the frequency of reported cases of ovarian prolapse and their comparative rarity in female hospitals and in the practice of our most noted gynecologists, together with the limited space devoted to the attention of the subject in all text-books upon diseases of women, I am led to think that perhaps some of the many cases reported as such may be mistaken for, or at least complicated with, some of the conditions enumerated above. The differential diagnosis is rendered comparatively easy, if a few of the following points are borne in mind.

In prolapse of the ovary, we have a small tumor in Douglas' cul-de-sac, extremely tender and painful upon the least pressure, and varying from the size of a small walnut to that of a hen's egg, and about that shape, being always enlarged sufficiently to make it prolapse. It is situated and confined to one side of the median line in the cul-de-sac, and can be replaced only in the

direction from which it is prolapsed. The reason for this is readily seen, when we remember that it is attached by its anterior margin to the broad ligament, and can only become prolapsed by either dragging that ligament down or by stretching it, and hence displacement only occurs when from some cause the ovary becomes enlarged and sufficiently heavy to prolapse from its own weight, or is dragged down by some growth attached to it. Unless it is held down by some growth, or is adhered through inflammation to the surrounding parts, it is easily reduced by putting the woman in the knee-chest position, when it will usually fall back in place by its own weight; if it does not, it is easily pushed back by the finger or sound in the vagina or finger in the rectum, and can be held there by packing the cul-de-sac with cotton or oakum, and then holding it there by a properly fitting pessary or support. The pessary is necessary for the reason that there is usually in such cases more or less displacement of the uterus; as a rule there is retroversion to a greater or less degree. I have given the above description in detail, for the reason that the subject is but barely mentioned in any of the text-books upon gynecology with which I am familiar.

Prolapse of the ovary may be known from retroversion or retroflexion by the absence of that excessive tenderness upon pressure, though there may be and often is moderate tenderness in both retroversion and retroflexion; again, the prolapsed ovary is confined to one side of the median line, while in the other two conditions the opposite is true. As there is generally retroversion accompanying prolapse of the ovary, it is important to distinguish the difference between a retroversion with and one without. Without prolapse of the ovary there is a tumor occupying Douglas' cul-de-sac, larger than the ovary and presenting the round feel of the fundus of the uterus, and not the oval feel of the ovary; it is only moderately tender to touch, as a rule, in contradistinction to the excessive tenderness of the ovary. Again, in most cases of either retroversion or retroflexion, the cervix points more to the anterior than to the posterior wall of the vagina, though it is not so pronounced in retroflexion. The introduction of the uterine sound will also detect either of these conditions; and, lastly, the introduction of the finger in the rectum will always determine the character of the tumor in the cul-de-sac, as it can be thus felt in its entirety.

From cyst of the broad ligament, or other cystic tumors, prolapse of ovary may be known from the fact that these tumors do not prolapse into the cul-de-sac as completely as does an enlarged ovary; besides, these growths are fluctuating in character, instead of hard like the ovary; they are different in shape and not tender. It is scarcely possible to mistake a dermoid growth for the ovary, as they are unlike in shape, and a dermoid could be only partially displaced into the cul-de-sac. Inflammatory deposits can be easily distinguished by their board-like feel and irregular outline, usually filling the greater portion of the cul-de-sac.

Fibroids, and especially the pedunculated variety, are the most likely to be mistaken for a prolapsed ovary, for many times they are nearly the shape and size of the ovary; but, with the exercise of a little care and attention to a few distinctive features, the error may be avoided. A fibroid is not sensitive to the touch; it is much more dense than the ovary, often occupies the median line, and is as liable to move in any other direction as that of the broad ligament. In the pedunculated variety, if the pedicle is long enough to admit of motion, the growth may be found upon one side one day and the other the next; may be in the median line or not; this is never true of a prolapsed ovary. When there is a fibroid growth or cysto-fibroma attached to the broad ligament and complicated with prolapse of the ovary, I can see how any one might be misled in making a diagnosis, and it is important that great care be exercised in examining such cases before a positive diagnosis is given.

The following case is a typical one, and I give it as an illustration:

Mrs. A., of Shelby, Mich., was sent to me for treatment by her father, Dr. Wright, the first of January this year. Her case had been diagnosed as retroversion of the uterus, with prolapse of the ovary, but there had been no vaginal examination for a year past. She had been affected with uterine trouble for the past ten years with all the usual symptoms, neurasthenia included. At times her nervous troubles were so bad that insanity was apprehended by her physicians and friends. Upon making a vaginal examination, I found only a very slight retroversion of the uterus, but found a small tumor occupying Douglas' cul-de-sac, which, after a careful examination, I had no hesitancy in pronouncing a prolapsed ovary. I placed her in position upon

the knees and chest, and reduced the displaced uterus. I then attempted to reduce the ovarian displacement, as per foregoing description, but found that, while the ovary could be readily pushed out of Douglas' cul-de-sac, it would not go up entirely out of reach. After working at it a short time the lady complained of so much pain that I desisted for the day, after filling the cul-de-sac with glycerated cotton. The next time I examined the case I passed the finger into the rectum, and, after a long and careful examination, found there was a fibroid attached above the ovary, and it was that pressing the ovary out of place and preventing its being replaced. After treating the case a few days with hot water injections and glycerated cotton tampons, by way of preparation, I made an incision about two inches long through the wall of the vagina, and with a blunt hook brought down the growth, which I found had a pedicle of about two and a half inches, which I ligated with a silk ligature and then cut away the tumor, closing the vaginal incision with three silver wire sutures. The vaginal wound closed by first intention, after which I found no trouble in reducing the displaced ovary, and keeping it there by cotton tampons, which she wore for about a week, having them changed every day. I then adjusted a soft rubber and silver wire supporter with a very thick ring, to take the place of the cotton, and sent her home, with instructions to wear the instrument for a month. Since returning home there has been no return of the displaced ovary up to this time. This case illustrates the danger of mistaking a pedunculated fibroid for true ovarian prolapse. Here was a case where there would have been no displacement of the ovary except for its being dragged down by the weight of the fibroid. The physicians having her case in charge had made this mistake, and I did the same, until I examined per rectum, and came very near not finding it then, although well aware that there was some reason for the ovary not returning to its place.

Urticaria.—Rhoé has found a lotion of a drachm of benzoic acid to a pint of water the best antipruritic. Labbée lauds highly the arseniate of sodium, in full doses, internally, in chronic urticaria.

NOTES ON PUERPERAL ECLAMPSIA.

BY J. B. TODD, M. D., PARISH, N. Y.

Reading the case of eclampsia in the ANNALS for January brings to mind two cases which have occurred in my practice.

September 4, 1880, I was called to see a frail young woman, 17 years old, who had gone to the full time of pregnancy, and was having some labor pains and severe headache. Her limbs were œdematous. The os was partially dilated. I gave her one-fourth grain of morphine, dilated the os with my finger, and with the assistance of ergot the child was born in four hours. During labor I gave morphine three times, and after the child was born she felt quite comfortable. The next day I drew her urine twice. Toward evening I was called in haste, and found that she had had a convulsion. I gave her half a grain of morphia hypodermically. In three hours she had another convulsion, when I gave her another one-half grain in the same way. She lay under the influence of the drug for about twenty-four hours, and in due time made good recovery.

The other case was in a woman 38 years old, mother of two children; had always been healthy. I was called December 28, 1881, at 4 o'clock A. M., and found that she had gone to her full term, and that labor had commenced. Her limbs were œdematous. She had severe headache, and I concluded that I was going to have eclampsia to deal with. I immediately put her under the influence of morphine, and hastened labor with ergot, and in eight hours she was delivered. In the afternoon I was called and found her in a convulsion. I gave her half a grain of morphine hypodermically, and kept her under the influence of it for twenty-four hours. She made good recovery from that time.

I hardly think it is necessary to give morphine for puerperal eclampsia in the doses recommended by Dr. C. C. P. Clark, of Oswego, but I think if patients are kept narcotized with morphine it is enough.

JABORANDI, three grains daily, acted speedily to relieve acute pleurisy, with effusion (Bouchut, *Med. Chir. Rundschan*). Dyspnœa was relieved in twenty-four hours, and after three days vesicular breathing was heard all over the chest. The drug was continued two weeks; recovery was complete.—*Med. News.*

ALUMNI ASSOCIATION OF THE ALBANY MEDICAL COLLEGE.

Ninth Annual Meeting, Wednesday, March 1, 1882.

The reception to the alumni by the college faculty and officers of the association, which has formed so pleasant a part of former commencement days, was repeated this year with even greater success. The library was crowded from 10 A. M. to 3 P. M., and over coffee and sandwiches old acquaintances were renewed and new ones formed. One of the earlier graduates said that he had been more than repaid for inconvenience in attending by the pleasant hours of the morning reception.

Promptly at 3 P. M. the business meeting was called to order by the president, in the presence of by far the largest attendance of any meeting of the association.

Prof. S. B. Ward, who had been chosen by the faculty for the performance of that duty, delivered an address of welcome, closing with an eloquent tribute to the following members of the board of trustees, deceased during the year: Charles Van Benthuysen, Thomas McElroy and Hon. Robert H. Pruyn.

Dr. Willis G. Tucker, secretary, presented his report and a synopsis of the proceedings of the executive committee.

Dr. G. L. Ullman treasurer, offered a report, which was referred to a committee, who, after examination, reported it correct.

Dr. Henry March, vice-president, then assumed the chair and introduced President Van Derveer, who delivered the annual address, from which the following is taken, on

RESPONSIBILITY OF THE PRECEPTOR TO THE STANDARD OF THE PROFESSION.

It has occurred to me that we might benefit ourselves, and those who are to follow us, by a brief consideration of the relationship that exists between the preceptor and the student. Much has been said of late years of the efforts being made by certain of our medical schools to elevate the standard of our profession. Much of this is undoubtedly true, and we have a right to speak with confidence of the work done in this direction by our own college. We know that she is making an advance worthy of our most earnest endorsement, but can any one or all medical colleges, though they act in perfect unison, accomplish all that is desired? I think not. We may say, lengthen out your months of clinical and didactic study, increase the number of your terms, rely not on the short time now allotted to the student in which he is to secure his diploma,—the legal authority with which he is going to begin the practice of medicine and surgery. There is, back of this, a serious imperfection, a rottenness in the foundation stones, for the removal of which we, as

alumni associations, possess almost, or quite, the proper means. The faculties of our medical colleges, with few exceptions, are apt to view the classes of students as a whole, little time being given to the consideration of individual members. They know little of their morals, little of their qualifications and habits of study, less yet in many instances of their fitness, even, when a diploma is granted, of their ability to make proper use of it.

As preceptors we have a serious responsibility resting upon us. We should exercise the greatest care in the selection of our students. Some of them come to us as the bright graduates of a school or college that we know educates none but good men. To these should be given the greatest encouragement. Others there are who have perhaps been less fortunate in securing a preliminary education, but who have formed habits of industry in study that will bring them through and up to the average of good practitioners — now and then one will take higher rank. Let these also be encouraged. Others, again, come with an entire want of all the fitness and qualifications needed in a medical student. With a firm, cautious bearing on our part, let us decide these are not the men the profession of to-day is seeking. Better to stop them at once than have them returned to us as unable to pass the preliminary examinations required, or, worse yet, to have them plucked at a final examination by the professors, who too often extend every possible aid. If we are to make ourselves strong with the public, if we are really to be the noble profession we are so fond of speaking about and holding up, in some instances, as a relic of the past and as an illustration of what it is in other countries, we must see to it that along with the requirements exacted from our colleges greater care is exercised in the permission afforded to young men to enter our offices to register and become medical students.

It is all very well the talk about the power physicians possess for doing good. Sections of country and circles of society in our cities that command the services of a well-educated, kind, moral and, in every sense worthy practitioner, may lay much stress upon this view of the subject. But how reluctantly and with what shrinking we speak of the untold power for evil wrapped up in him who is the licentious, the drunken, the immoral, the unworthy doctor of medicine. Medical colleges cannot do all that is needed at the present time to improve the condition and standing of what we love to mention as one of the three learned professions. They are making some effort in various directions, but the facilities and inducements in some portions of the country to organize new schools are such as to cripple, seriously, the good that is being done. I am sure that all the quackery exercised in the present day does not do as much harm to the practice of medicine as do the self-advertising, immoral and unworthy men in our ranks.

As a country we are amassing a large amount of wealth. We advance in certain lines of discovery, and in the application of the

arts and sciences we draw down upon us the envy of the old world. In the art and science of medicine we are much behind. The profession in France, Germany, and even England, excel us in the sum total they can and do command as individual members from the public at large. It has been said, and with truth, that, owing to the general low requirements for graduation, the number of doctors yearly let loose in the United States is something fearful to contemplate. In Germany, with a population of about forty-three millions, only from six to seven hundred physicians are annually licensed to practice, while in this country, with nine millions more of population, there are yearly over three thousand graduated. This is an evil to remedy which we should give our colleges no rest, until the standard of admission and graduation is raised to such a point as to lessen the numbers and give us better men. This is beyond a doubt part of the duty and a portion of the work that falls to us as an alumni association to accomplish. We may exert legislative action, as is being done with some little success in this State, with far greater success in many other states we could mention, but the remedy lies very much with us who select and permit young men to enter our offices as students. The history of the old hag, the pauper of Saratoga county, whose life has been so well sketched by the able secretary of the State Board of Charities, in a manner well represents the injury done to our profession by the vulgar, low and unworthy physician who selects and rears a generation of students like unto himself. They become doctors, alas! too often. They are of that class of professional birds whose chief existence is to foul their own nests. There can be no doubt that many of our medical colleges graduate large classes that the division of funds among the faculty may be greater. We have it in our power to withdraw and withhold our students from such institutions, and it is but right that we exercise this power. With the increase of wealth in this country, it will not be long before such medical colleges as do their work well will be richly endowed, and the faculty left to act independent of the number of students necessary for financial success.

Dr. Jno. Ben. Stonehouse, historian, presented his report in reference to the war record of alumni, and announced the selection and confirmation of the following class historians: Dr. B. A. Mynderse, Schenectady, N. Y., class of 1853; Dr. Jacob S. Mosher, Albany, N. Y., class of 1863; Dr. H. B. Whitehorne, Verona, N. J., class of 1873.

The nominating committee, through its secretary, Dr. Stonehouse, made the following report, which was adopted, and the gentlemen named unanimously elected as officers for the ensuing year:

For President—Sol. Van Etten, class of 1855, Port Jarvis, N. Y.

For Vice-Presidents—J. A. Morris, 1853, Lafayette, N. Y.;

Lansing Griffin, 1857, Binghamton, N. Y.; Jno. M. Bigelow, 1870, Albany, N. Y.; C. C. Schuyler, 1875, Troy, N. Y.

For Secretary—Willis G. Tucker, 1870, Albany, N. Y.

For Treasurer—G. L. Ullman, 1871, Albany, N. Y.

For Historian—Jno. Ben. Stonehouse, 1871, Albany, N. Y.

For Members of the Executive Committee to serve three years (four are elected annually)—H. Bendell, 1862, Albany, N. Y.; Wm. Geoghan, 1873, Albany, N. Y.; E. A. Bartlett, 1879, Albany, N. Y.; Otto Ritzman, 1879, Albany, N. Y.

Dr. Lorenzo Hale, from the committee on alumni prizes, made a report awarding prizes, of which the following is a synopsis:

The "March Memorial Prize," $100, subject, "Morbus Coxarius; its Pathology and Treatment," to Dr. C. C. Schuyler, class of 1875, Troy, N. Y.

The "MacNaughton Memorial Prize," $100, subjects, "Malaria" and "Antisepsis," to Dr. Jas. H. Salisbury, class of 1850, New York city.

The "Armsby Memorial Prize," $100, subject, "A Minute Description of the Male Genito-Urinary Organs," to Dr. C. B. Herrick, class of 1880, Troy, N. Y.

The "Surgical Prize," $100, offered by Prof. Van Derveer, and the "Second Surgical Prize," $50, offered by Mr. Joseph W. Russell, subject of both "Colles' Fracture," were not awarded, as the committee did not think the only essay submitted revealed "that familiarity with modern theories and appliances sufficient to entitle the author to a prize at this time."

The "March Memorial Prize" will be continued another year by the heirs of the late Prof. Alden March, in the form of a suitable medal; subject of essay to be announced hereafter. The "MacNaughton Memorial Prize," $100, will be continued by the heirs of the late Prof. James MacNaughton, and subject of essay announced later on. The "Armsby Memorial Prize" will be continued, same amount, by Mr. Archibald McClure; subject of essay announced with the others. The "Surgical Prize," offered by Prof. A. Van Derveer, will be $200 for the coming year; subject of essay the same as last year. Also Mr. Joseph W. Russell's second prize on this subject is carried over for the next year. An intimation is given that a lady, the widow of a former professor of the college, offers to the alumni an additional prize on some topic in physiology, the details of which will be made known at an early day.

After the reading of letters of regret and short addresses by the president elect and others, the association adjourned until evening.

After the close of the commencement exercises at Tweddle Hall, about two hundred persons — members of the association, the college faculty and the guests — sat down at the annual banquet at the Delavan house.

After the feast the president, Dr. Van Derveer, as toast-master, announced the following toasts:

"The Trustees of our Alma Mater—their care has made her what she is; we yield them gratitude, but the consciousness of duty well done is their best reward." Responded to by Hon. Amasa J. Parker, LL.D., president of the board.

"The Legal Profession—the guardians of our rights. May they never use their ability to clear the guilty or to varnish crime." Responded to by Hon. T. J. Van Alstyne.

"Our Invited Guests"—We bid you welcome, 'not that we think us worthy such a guest, but that your presence dignifies our feast.'" Responded to by Dr. E. D. Ferguson, of Troy, N.Y.

"Our College—its past, present and future." Responded to by Prof. William Hailes, M. D.

"The Press—impressed with its power, we hope the impression we make to-night upon its representative will be such that we will not wish to suppress its expressions." Responded to by Thurlow Weed Barnes, of the *Albany Journal.*

"The State Board of Health—untiring and faithful, may its labors be appreciated by the public it serves." Responded to by Dr. Elisha Harris, secretary.

"The Clergy—may they, as sentinels, be quick to perceive any danger which threatens our faith, and ever ready to defend it from the attacks of its enemies." Responded to by Rev. Irving Magee, D. D.

"Our Board of Curators—who are more than watchful in the examination of students to protect the interests of the State." Responded to by Norman L. Snow, M. D.

"The State Board of Regents—having the care of our educational institutions, the foundation upon the stability of which the superstructure of our society and government depends for existence." Responded to by Chancellor H. R. Pierson.

"The Board of Public Instruction." Responded to by Herman Bendell, M. D., president of the Board.

"The Orator of the Evening." Responded to by S. O. Vander Poel, M. D., New York city.

"The Class of 1882." Responded to by R. J. Fitzgerald, M. D.

"Our Sister Colleges." Responded to by Prof. F. R. Sturgis, New York city.

After individual toasts had been responded to by St. Clair McKelway, Esq., Prof. Jacob S. Mosher and others, the president declared closed the most successful meeting the Alumni Association has ever held.

The Commencement Exercises were held at Tweddle Hall, the president of Union University presiding. William J. Peddie delivered the essay and Horace Rennie Powell the valedictory. Prizes: First surgical, William T. De Golia; second to R. J. Brown; ophthalmological, to Martin Dwyer. Honorable mention by the curators, for best theses: F. H. Ray, William Knapp and J. R. Newton. Degrees were then conferred on fifty-five graduates, and Dr. S. O. Vander Poel delivered the address.

EDITORIAL NOTES.

—The Recent Alumni Meeting.—The omission would be noticeable if the recent events of the Medical College and its Alumni Association were passed by without a word of notice. The College has just held its fifty-first commencement and the Association its ninth annual meeting. A class has graduated — the earliest outcome, perhaps, of the more extended course and requirements, of which the institution may well feel proud. It gives evidence, too, not only of a general advance in instruction, but of the sympathy with it of the profession, that the classes for the last two years have been the largest ever graduated. The preliminary examinations, monthly written examinations, the daily quiz, lengthening the required course with the optional spring course, the three years' graded course requisite to graduation, the library and large museum to which there is prospect of a considerable addition, the hospitals and clinics in desirable condition, all show the soundness of the old institution, fruit of which has just been borne.

The alumni, too, are to be congratulated on the enthusiasm of their association. The meeting was well attended, and the considerable number of prizes well competed for, the prize essays being of remarkable merit. Considerable might be said in commendation of those who have offered these prizes. They are continued, five in number, aggregating over five hundred dollars, and should bring out more good work. The alumni dinner, after commencement, was a very considerable feature of the meeting. Undoubtedly only distance and imperative engagements prevent the entire number of this large association from being present at the annual reunion. It gives them a chance to meet old college friends, to hear the histories of the classes, to have an enjoyable and instructive time, and to see what the college is doing toward keeping up its good name. That they will have no occasion to feel other than proud of their alma mater, set here in our midst, is to be desired and anticipated.

—The College of Pharmacy also held a commencement recently, at the end of its first term, conferring three degrees of Graduate in Pharmacy, through the president of Union University, of which it is a part, in like manner with the Medical College. An address was delivered by the secretary of the Board

of Regents, David Murray, LL.D., and prizes conferred by Joseph W. Russell, Esq., president of the Board of Trustees, for the best thesis and the best examination in pharmacy.

—An extra edition of the *New England Medical Monthly*, containing an article entitled "Physicians, Pharmacists and the *Therapeutic Gazette*," by Horatio R. Bigelow, M. D., Washington, D. C., has been freely circulated among the druggists and physicians of this city and neighborhood. This is an open attack upon a well-known house of manufacturing druggists, and, while we are not the organ of this or any other firm, we cannot but congratulate these gentlemen upon this excellent advertisement which their enemies have devised for them. Whatever may have been the purpose of the originators of the agitation in reference to "Patent Medicines and Trade-marks," it cannot be charged that the interests of the practitioner are in the least degree endangered by it, and it is now too late to hope to kill a fair discussion of it by resorting to personal abuse. It has become the property of the profession by its introduction before the American Medical Association and through the columns of the *Philadelphia Medical and Surgical Reporter*, the *Virginia Medical Monthly* and other widely-read and independent journals, and, whether it stands or falls, deserves and will receive a fair and impartial discussion. At any rate, no credit will be gained by the author of the article above mentioned, or those whose mouth-piece he is, by the publication and distribution of this article. It is insulting to the intelligence and respectability of the profession. As to the principal argument adduced against the house itself, the profession will place it to their credit that they offer for experimental use so much that is new and original.

—The Utica Asylum came shockingly near losing its eminent superintendent at the hand of an insane man, on the 16th instant. We congratulate Dr. Gray on his fortunate escape, the bullet being so providentially deflected from its course. A little deviation and the result might have been most disastrous.

—The death of Joseph Pancoast, M. D., of Philadelphia, on the 7th instant, removes one of the most prominent American surgeons. He graduated at the University of Pennsylvania in 1828, three years after the late Dr. Boyd of this city.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. APRIL, 1882. No. 4.

TWO CASES OF ACUTE DIABETES MELLITUS.

J. B. TODD, M. D., PARISH, N. Y.

In the *Medical Record* for December 24th, Dr. George T. Welch, of Keyport, N. J., reports a case of acute diabetes, in which the patient died in sixty hours from the time his disease was diagnosed. Two cases have occurred in my practice which perhaps should be recorded.

Case I.—C. S., aged 13, a bright, active lad, called on me February 14th, 1877, at 4 o'clock P. M.; said he wanted some medicine to prevent him from wetting the bed nights. Being very busy, I prescribed belladonna, with instruction for him to call again. The boy was attending the village school, and after the school closed the next day he called at my office, saying that he was no better. He had great thirst, tongue dry, teeth covered with sordes, bowels constipated, and I found his urine highly saccharine. He stated that for three weeks he had urinated more frequently than usual. His body was very much emaciated. I ordered a nitrogenous diet. He walked home, about a mile. I was called the next morning, the 26th. He was greatly prostrated and had some pain in his bowels. Saw him again in the evening. He had fallen helplessly to the floor while attempting to walk from his chair to the bed. Very high pulse and cold extremities. The next morning he was in a comatose state and died at 2 P. M., seventy hours after his disease was dis-

covered. The specific gravity of urine was not taken, nor would his people allow a post-mortem.

Case II.—C. O., aged 16, called on me November 16, 1877. Had an inordinate appetite, great thirst, is losing flesh, and passes large quantities of urine. Had attended school all summer to present time. Urine clear and quickly reduces the copper in Trommer's test. November 20th, considerably weaker, passes five or six quarts of urine in twenty-four hours; specific gravity 1035. 23d, specific gravity 1030; 24th, specific gravity 1030; he is confined to his bed; considerable tenderness in bowels. From this time until November 29 he grew decidedly worse. Bowels very constipated and very painful. On the 29th he died. This case terminated in thirteen days from the time it was discovered.

I have had under observation several cases in persons over fifty years old, who suffered no great inconvenience; but it seems much more violent when it occurs in young persons.

REPORT OF A CASE OF VOMITING IN PREGNANCY

JESSE CROUNSE, M. D., KNOWERSVILLE.

During the month of February, 1881, I was called to attend Mrs. B., an American lady, a thin, delicate blonde of 34 years of age. She was the mother of one living child, a healthy boy of 7 years. I found her two months advanced in pregnancy and suffering from severe and almost constant vomiting, which began soon after she became pregnant, slight at first, but growing more severe as she advanced in gestation. Upon inquiry as to her former pregnancies, she stated that from the time of her conception for her first child until the expiration of seven and a half months she had suffered with severe and obstinate vomiting. About a year after the delivery of her first child she became pregnant again, and in the middle of the third month the vomiting became so severe and her prostration so great that her life was despaired of, and as a last resort her physician deemed it his duty to propose bringing on an abortion, which was done, after which she regained her health, and it remained good for nine months, when she again became pregnant. Again, during the latter part of the third month, an abortion was produced, in order (as she said) to save her life, and now she applied to me for an operation of the same kind. I determined, however, that

her case must become desperate indeed before I consented to her request. The emesis was almost constant, the stomach refusing to retain the simplest food, and even the blandest fluids would excite vomiting. The matter ejected from the stomach was extremely sour, the tongue covered with a yellowish coating, and the breath very offensive. The bowels were constipated to such an extent that they did not move oftener than every fifth or sixth day. The pulse was 82, temperature 99. My first step was to make a careful examination with the speculum, thinking there might be some abnormal condition of the uterus, but the examination showed the neck to be healthy and the position normal. I began treatment by administering subnitrate bismuth in eight-grain doses before each meal, at the same time giving careful directions in regard to food and manner of taking it, having her use iced drinks, swallow small pieces of ice, etc. For a short time this appeared to control the vomiting slightly, but it returned again more violent than before, with constant drooling of saliva. Finding my patient growing worse instead of better, I concluded to try narcotics, and accordingly gave one-half grain aqueous extract opium in pill form, but without any improvement whatever. She still insisted upon having an operation performed, in which she was warmly seconded by her mother, who was with her. But I remained firm in my determination to carry her through to her full term *if possible*, and tried to encourage her by holding out the idea that each new remedy might effect some amelioration. Each remedy in turn was given a trial, and still no improvement; but, on the contrary, I saw her wasting and becoming more feeble every day. I now applied the soft extract of belladonna to the neck of the uterus, used counter-irritants to the epigastrium, and to the denuded surface applied morphia, but with no better result than before. She now insisted so strongly upon having an operation performed that I concluded to pretend to accede to her wishes, and accordingly introduced the speculum, and with a uterine sound (pointed) slightly irritated the os, intending, under cover of this, to try still further the effect of other remedies. I left her entirely satisfied, thinking the desired operation had been performed. Judge of my surprise upon being told at my next visit that the vomiting had been very slight, that she had taken and retained some liquid food, and the drooling had in a great measure subsided. She continued in this condition four days, when the vomiting returned. I again introduced the speculum and irritated the os,

this time so that a slight trace of blood was visible. The vomiting again subsided, and she was able to take and retain food both liquid and solid. There was no return of the vomiting for two weeks, when it began again, but subsided upon irritating the os as before, and thus it continued, with occasional attacks, each of which readily disappeared by the same irritating process. After the sixth month there was no return of the vomiting, and at the end of gestation I delivered her of a female child weighing 8¾ pounds. She made a good recovery, and is to-day in her usual good health. Was it the effect of the irritation, or was it due to mental causes (for at each time the os was irrated she supposed it was an effort to produce abortion), or was it a gradual subsidence of the vomiting which sometimes takes place?

VENTILATION BY DIFFUSION.

J. F. LOCKWOOD, M. D., ALBANY.

The importance of free ventilation is but little understood by the masses and none too well appreciated by the profession. Says Lévy: "The importance of diet, of curative methods, of careful attention, of an efficient administration, etc., are secondary to the importance of having pure air. Bring them to the highest degree of ideal perfection, and if the air is vitiated, or if it is insufficient in quantity, neither improvement is manifested nor the mortality lessened." Our medical authority — Dunglison — does not distinctly state that ventilation consists in a displacement of the air, but terms it a renewing of the air. Both processes, speaking generally, are essential. As in the ultimate nutrition of the tissues, there must be a not too far distant supply of proper blood, so in the ventilation of cities, where the air is robbed of its oxygen and laden with the products of combustion, there must be a not too far distant supply of the proper air brought by atmospheric currents. By osmosis in the one case and by diffusion in the other the ultimate ends are accomplished; in the latter, that of getting the qualities of the out-of-door air in the air of the room. Diffusion should be the chief factor in methods for ventilating.

The old-fashioned fireplace is by many looked upon as the only correct means of ventilation. Its value has been reasoned from the rugged health of earlier times when they were in common use. Other things, however, contributed to this, — exercise,

activity and the abundance of fresh air admissible to houses whose doors permitted at each opening the large displacement of the warm air of the room by inrushing out-door air. Their active life protected them from the ill effect of this latter, which to the sedentary and invalid would be full of danger. Their body heat is rapidly reduced by being subjected to these cold currents. The impinging of a narrow current of air, as through a shrunken window, upon a circumscribed point results in local rheumatic or inflammatory disturbance, or may cause general systemic disease. All drafts are dangerous. Hammond says, "The fear of a draft is almost universal among civilized nations." The factors that make up the dangers in a draft are the differences in temperature and moisture between the air in the current and the body exposed; then, also, we have the item of evaporation entering into the account when a dry air comes in contact with a moist body. A perfect system of ventilation would be one which will attain the desired result without the dangerous agency of drafts. It seems to be the present endeavor of those who would ventilate to use drafts in one form or another; to force the air in or by suction to draw it out, thus establishing a draft. Dr. W. B. Richardson, of London, has recommended an apparatus, invented by Mr. H. C. Stevens, for measuring into the room the fresh air per minute each person would consume. It is run by clockwork, and the velocity regulated by placing an indicator at a number agreeing with the number of persons in the room. It is costly, unwieldy in use, and employs drafts. Another method is based upon the theory that there are different densities of atmosphere in a room, each made up of its own peculiar gas, and, in order to draw off the light and heavy gases, there are openings above and below connecting with a flue. But who can believe in this theory of varying qualities in the strata of air in a room in the face of that well-established law in physics that "gases are to each other as a vacuum." For example, fill two bottles with different gases of different densities; place them mouth to mouth, the heavier gas, if you please, below. In a few minutes each bottle will have the same relative proportion of each gas in it, the heavier one having diffused against gravity into the lighter and *vice versa.* Difference in density of the atmosphere depends alone on temperature, the warmer air being the lighter. One method of ventilation is to raise the lower sash and fit a board in the open space below, the sashes lapping. This causes the current to be thrown upwards into the room.

But this has fatal objections. This current being the coldest in the room naturally falls to the floor, and in the inevitable equalization of temperature which follows between the cold and warm air the general temperature of the room is radically reduced, amounting in effect to a draft. A more reasonable way to ventilate a sick-room would be, putting temporarily more covering on the patient, to open the windows on opposite sides of the room, and by the draft thus established displace all the impure air by the pure from without. But to breathe impure air for two hours, we will say, and then have it suddenly changed to pure cold air is not constant, and is somewhat hazardous, because unnatural.

We see that these methods all depend upon displacement, as though air once used could not be used in subsequent respiration. The residual air in the lungs is used over and over. When we inspire there is no circuit established in the lungs, for their tubes have blind endings; but the small quantity of air which always remains in the lungs retires to these blind endings, the alveoli, about which the venous blood circulates to be purified. The fresh air follows not all the way to the alveoli, for that part of the lungs is occupied by this residual air, but when it stops the oxygen it contains rushes on to fill that which is a vacuum to itself,—the residual air in the blind ending, which is surcharged with carbon dioxide from the blood. The carbon dioxide at the same time rushes out to its vacuum,—the fresh air that has entered. To follow this a step further, the blood in its turn receives the oxygen and gives up the carbon dioxide through a membranous septum. Here we find nature accomplishing the same end we are endeavoring to obtain. She puts blood devoid of oxygen and surcharged with carbon dioxide on one side of a septum and brings in contact with the other side of this septum air charged with oxygen and devoid of carbon dioxide. These gases commingle until they are in equilibrium.

With this hint from nature, let us model our ventilation. Bring the air of the room and the outside atmosphere in contact through the meshes of a muslin septum. This muslin septum obstructs all drafts and thus prevents a waste of heat. This is accomplished by tightly fitting a wooden frame into the stop-beads of the upper half of the window casement, which will reach to the middle check-rails. Cover this frame with cheap muslin on both faces for sitting-rooms and on one face only for closed bed-rooms. Pad it about the edge with cotton to seal it

draft tight. Lower the upper sash two, three or four inches, and the ventilation is in operation. The air between the upper sash and muslin, becoming slightly warmed, rises and thus establishes a current of pure air on the outside of the room, while the vitiated air of the room is on the inside. This method recommends itself in that it is convenient, it avoids drafts, it is constant in operation, with a rapidity relative to the amount of vitiating influence, it is cheap, and therefore can be universally applied, and it is efficient.

This is not theory alone. The writer has had his rooms thus equipped for the last two years, and is convinced that all the facts here stated in its favor are borne out in his experience. A striking example of the good effects of this method was shown in the case of a young lady patient, who, on account of cardiac disease, had a sense of suffocation whenever the air became impure. In summer she sleeps with a breeze fanning her face, and in winter has her room so cold, in order to obtain sufficient ventilation, that no one else can tolerate it. When told that she could shut herself in a room equipped in this method, she doubted, but the first trial convinced and surprised. The quality of the air was such that she suffered no inconvenience. Comfort was secured without danger to herself or friends.

We need not argue to show how important is fresh air. Fresh air is vigor, health, life. Vitiated air is malaise, with headache, mental hebetude, and, with the assistance of disease germs, disease and death. Oxygen, which, above all others, is the most powerful element in maintaing highly organized life, at the same time is that which exerts the greatest influence in effecting the destruction of all low organic forms—*i. e.*, in the sense that the air is a disinfectant. The disease germs floating about us as an impalpable dust in an atmosphere defective of oxygen are the source of disease infection. Add to this defective atmosphere the vitiating influence of overcrowding and of exhalations from the sick, and we have a hot-bed in which these germs multiply. Hammond says: "Where there is perfect ventilation there is no infection; contagion can only act in confined air." Says M. Larrey: "Erysipelas, hospital gangrene, typhus and typhoid fevers are almost unknown to persons not exposed to the dangers resulting from overcrowding and want of fresh air." We might extend the list to include all the infectious and contagious diseases. It would then cover all those of an acute fatal type.

CASE OF URETHRAL CALCULUS.

ALBANY HOSPITAL—SERVICE OF DR. WILLIAM HAILES.

John S., 45 years of age, was admitted to the hospital June 15, 1880, suffering from stricture of the urethra. He gave the following history: He is of Scotch descent and by occupation a boiler maker. He never had gonorrhœa or syphilis. Several years ago he met with a fall, striking his perineum upon the edge of a piece of boiler-plate iron. The urethra was injured, but no external wound existed. From the symptoms related by the patient it appeared that there must have been some urinary infiltration into the tissues of the perineum and parts adjacent. He soon recovered from the immediate results of the laceration to the urethra, but a stricture, which gradually grew very firm and small, resulted.

Examination at the time of operation revealed a very hard body, oval in shape and about fifteen centimeters long, occupying that portion of the urethra which had been injured by the edge of the plate of boiler iron. A sound passed readily down the urethra to the bulbous portion, where it was completely arrested, and a sharp click of the metallic sound gave undeniable evidence of a calculus.

A consultation of the staff was called, and it was decided that an external perineal section was the best means for its removal. This was done, and a simple straight incision over the calculus was made, and it was removed without difficulty. The edges of the wound were approximated with sutures, but these were subsequently liberated on account of a slight infiltration of urine. He made a quick recovery. His urethra was dilated by the use of sounds, and he was discharged, cured, August 19, 1881.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

First regular intervening meeting held at the Albany Medical College, November 9, 1881, at 8 P. M.

The minutes of the last meeting were read and adopted.

The committee on procuring portraits of deceased members reported progress.

Dr. C. S. Merrill presented two cases of Sarcoma of the Choroid.

Dr. Bendell said that many German writers believe that sarcoma of the choroid is hereditary. This he considered doubtful. He had, however, had two cases occurring in brothers. One had received an injury which resulted in sarcoma, and the eye was enucleated. The other brother had had, for the same reason, an eye removed one year previously.

Dr. Munson said that he thought that sarcoma was rarely the result of heredity, but that it more frequently followed injuries. Sarcoma of the ciliary body as a primary lesion is rare. Dr. Knapp, in his work, mentions only a few cases. Sarcoma generally begins in the choroid and travels forward.

Dr. Bendell reported a case of detachment of the retina occurring suddenly in a young woman. The patient was stooping down when she felt a confusion of sight, and found that one eye was completely blind. Total detachment of the retina was found, for which it was impossible to assign any cause.

Dr. Merrill gave the history of a very similar case, in which, however, the retina, under appropriate treatment, nearly resumed its normal position and functions. He also spoke of the difficulty of sometimes making a differential diagnosis between detachment of the retina and incipient sarcoma. In sarcoma the tension of the eye is increased; in simple detachment tension is diminished.

The secretary called the attention of the society to the "Transactions of the State Medical Society," and asked the members to purchase a sufficient number to relieve the society of the stigma of not having taken its quota.

On motion the society adjourned.

Second regular meeting held November 23, 1881.

The meeting was called to order by the president, Dr. J. S. Mosher.

Dr. W. H. Bailey moved that, in memory of Dr. G. H. Armsby, the regular order of business be suspended and that this meeting be made a memorial one. Carried.

On motion of Dr. Bailey, a committee of three, Drs. Bailey, Boulware and Hailes, was appointed by the chair to draft resolutions.

Appropriate remarks were made by Drs. Hailes, Porter, Boulware, Hale, Mereness and Barker.

The committee reported the following resolutions:

Resolved, That the members of the Albany County Medical Society have heard with sincere sorrow of the death of Dr. G. H. Armsby.

Resolved, That we sympathize deeply with the friends of the deceased in their sudden and unexpected bereavement.

Resolved, That a copy of these resolutions be sent to the family of the deceased and also entered upon the minutes of this society.

On motion the resolutions were adopted.

Adjourned.

Third regular meeting held December 14, 1881.

The president, Dr. Mosher, called the society to order.

Prof. Perkins, announced to read a paper, telegraphed that he was detained by sickness, and Dr. X. T. Bates, also, was not present.

The first paper of the evening was read by Dr. J. F. Lockwood, on "Ventilation by Diffusion" [Art. III.].

Dr. Hoit said that there is always a draft where fire is used, and that there must be a draft to secure ventilation.

Prof. Richard Prescott said: Gases are diffused and exchanged even through solid walls. There must be a draft caused in the method advocated by Dr. Lockwood. The motion through the muslin is not molecular, but an actual movement. One objection to this method for schools is that it cuts off light.

Dr. L. Hale spoke of a method of ventilation in use at the hospital for ruptured and crippled in New York, where the hot air is passed in from above and withdrawn at the floor. No odors of any kind are perceived even under the most aggravated circumstances.

Dr. Ward said that these systems would not do in large hospitals. During the war the wounded did better in tents than in any other place. Consumptives in the North Woods do not derive advantage from merely being there and staying in the hotels. When they begin to sleep in tents, they begin to improve. A mistake is made in our homes in not admitting more fresh air. Furnaces, if properly constructed, furnish fresh air. An open fireplace is one of the best means of ventilation. Drs. Perry, Clark and Hailes also took part in the discussion.

Dr. Hailes presented a calculus which he said had been formed in the urethra of a man, and which he had successfully removed by urethrotomy.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

EDITORIAL NOTES.

—New York's New Code.—As was to be expected, this new code has attracted universal comment. Of a large number of exchanges from this country and Canada very few have failed to express an opinion. It must be said that the great majority condemn it. This was to be expected, at least as an ill-considered first thought; but it has come from the thoughtful journals as well. Philadelphia, Boston and Detroit unite with the smaller towns of the West and South, with few exceptions, in opposition. New York stands almost alone, and possibly New York City, for there is no doubt that a portion of the state will coincide with the general opinion.

The common view needs no further advocacy. Without desiring to be any thing but conservative, can nothing be said in favor of this action? For certainly they were not all light-minded men who favored the adoption of this code, whoever may have opposed it. There were on the committee reporting it some of our most respected men, not likely to be influenced by the low views that it has been asserted actuated its adoption. What led them to this step? Several thoughts might have. The code of the American Medical Association has much to admire in it and little that any one would condemn abstractly. But it is verbose, and much of it, with manifest propriety, can be omitted. No one will hesitate to allow that there is a lack of dignity in an important association of men binding themselves to so many trivialities as make a part of it. Such close legislation does not make for professional progress. It savors of the nursery. Then, as to the main point at issue, which, for that matter, is the only one raised,—the consultation with all legally qualified practitioners. It should be noted, what is perhaps not known by some of our exchanges, that in this state those only are legally qualified who have registered, with a diploma as evidence of their education. But they may have obtained this, certainly, from one of the exclusive schools. We may have tried long enough, and with praisworthy intention, to obliterate these exclusives by opposition. It hasn't accomplished any thing. If they have fed on any thing, it has been on this very thing, and that is well known. And they themselves prefer it to continue, except a few liberal members. *The Hahnemannian* protests against "the allopathic lion swallowing the homœopathic lamb" and losing its distinctive identity. Every one knows that the educated physician, worthy of the name in every respect, is to be found among those who choose to assume to follow a method of their own in therapeutics. He worthily fills a place in the common contest of the physician. Are not all educated physicians to be looked on as allies? Better answer the question by standing outside the profession, free from any internal trammels. It is a question of recognition, of acknowledgement. We have been saying we will not acknowledge them as physicians. Meanwhile what has the outside world been saying, who know, as we know, that they are in every sense. It has come to be a fact that the stay and support of, we will say homœopathy, lies not in their practitioners, who doubtless many of them know how little there is in it, but in the ardent lay devotees. They have made it their fetich. Can you

convince them that their idol is made of straw? You know too well their shibboleth. This exclusive school will grow as long as you oppose it; it is no new fact that oppression strengthens, —it lives on it. It isn't probable that it will ever lose its identity until its distinctiveness, which isn't, in the abstract, of such great moment, is overflowed. They can vacillate in belief, differ in the extreme among themselves, depart far from the solid principles of science, but as long as they are held a distinct school they will find abundance of outside support. The question is, then whether we will recognize them as an entity with us.

When we come to the matter of individual consultation, difficulty undoubtedly arises. But, as none are compelled to consult, it may be assumed that those who do will find a way to meet the difficulties. Men may often be placed where, in the absence of any other, the counsel of an exclusive will be prized. Also, it is not to be believed that some grains of valuable knowledge will fail to slip through the broken walls. We don't believe in these exclusive doctrines, but it is quite possible that there are those who honestly do. If they have a truth, make it a common possession. This has always been an article of faith with us.

We are all ready to be less narrow than the profession was years ago. Still it was to be expected that whoever jumped out of the professional rut would encounter the fire of professional malediction. But meeting the exclusives on a broad ground, taking an attitude to give them opportunity to show if there is any truth in them, is neither yielding a point nor admitting that our position is a false one. Abstract science would not so regard it, and we have yet to see that the outside world so looks upon it.

—Dr. P. B. Noxon, of Loudonville, died April 3, at the advanced age of 86. He was a licentiate of this society and became a member in 1828. He was censor in 1833 and vice-president in 1835. His active connection with the society long since ceased.

—Vaccination.—The Indiana State Board of Health have issued an order forbidding any one, as scholar or teacher, to be admitted to any school who has not been successfully vaccinated; for all unvaccinated in the state, or coming into it, to be vaccinated within sixty days; and that all children shall be vaccinated with bovine virus within one year after birth. Compulsory vaccination has not always proven successful.

Bruen's Physical Diagnosis; a "pocket book" of diagnosis of diseases of the chest. 256 pages, duodecimo. Price $2.00. Published by Presley Blakiston, Phila. 1881.

This is one of the good books, and is not the less valuable because of its condensed size and freedom from chaff. Discussion of historical and theoretical questions is omitted, but matters of practical value, both original and from a wide range of authors, are appropriately unfolded. Flint, Da Costa, Sansom, Fothergill, Dickinson, Walsh, Balthazar, Foster, Gee, Mahomed, Guttmann, and many others are duly credited with selections from their writings; and extracts from British and American medical journals, many of them dated 1880 or 1881, show that this "pocket book" is not behind the times. The reader may wish that more had been said on some topics, as, for instance, adherent pericardium, yet we must bear in mind that the subject of the book is "Physical Diagnosis." A summary of our knowledge of "Cheyne-Stokes" respiration, from Da Costa and also from Sansom, is given under the head of "Renal Asthma." On page 187 the "Corrigan pulse" is described, and, we read, "is represented by the sphygmograph in the accompanying figure"; but we look in vain for the figure. We wish the five full pages of engravings, giving twelve figures, were doubled. The printing is good; the index and the head-lines of heavy type make reference easy. L. H.

Cyclopædia of Practical Quotations. By J. K. Hoyt and Anna L. Ward. I. K. Funk & Co., New York, publishers. 1882. 900 pp.

While this isn't a book coming within the line of professional consideration, yet it is one concerning which many of our readers will feel an interest. It title expresses its character. The quotations are gathered together by subjects, first English, then Latin, French and a few other languages. A topical index, followed by a concordance, makes it possible to readily find any subject and almost any desired quotation. The editors are fitted for the work, which has been a prolonged one, the one as an editor, the other as a lady of culture and literary taste. They have made a rich collection of the best words, the gems of genius, of the literary world,—a bouquet or, rather, a conservatory of chosen flowers. To cull at random, or, with more practical intent, to find an epigram with which to point an idea, this is a book well worthy of possession. F. C. C.

The Skin in Health and Disease, with treatment, classification and notes on diet and hygiene. By L. Duncan Bulkley, M. D. Presley Blakiston, publisher. For sale at Benders'.

The "Health Primers," of which this is one, are probably intended mainly for the general public, and many of them are admirably adapted to this purpose. Avoiding the danger that attends a little knowledge, the aim of the writer in such of them as we have seen has been to limit the scope of the primer to points appreciable and practical to the unprofessional reader. There is a growing spirit to teach the public on health affairs by books, through some of the journals and from the health boards. This "Primer" of Dr. Bulkley comes short of being altogether adapted to general reading. There are many good points, certainly, such as the care of the healthy skin, the use of soaps, some general facts regarding skin diseases upon which the people are superstitiously ignorant, which an intelligent person might read to advantage, bnt it has more that is particularly adapted to professional perusal, both students and practitioners. There is in it a general sketch of the subject, and there are many valuable suggestions not found elsewhere. F. C. C.

COMMUNICATION.

136 West 47th Street, New York.

To the Editors of the Annals:

The subject of "proprietary medicines," or "patent medicines," if you prefer, should exercise the medical profession of to-day. The effort of every conscientious physician should be put forth to require the prescription to accompany the preparation. This is only fair, as these articles as a class are simply an injury to the public. The physician's duty is to protect the physical well-being of our people and the treasury of the United States. The former requires the attached prescription, backed by the affidavit of the individual, and the latter requires that no revenue from them should be removed, as this benefits only the manufacturer, and no income to the government would accrue therefrom.

Yours respectfully,

William Stevens, M. D.,

President Greene Co. Med. Soc.

NOTES AND COMMENTS.

The Mechanism of the Voice is a topic treated by C. R. Illingworth, M. B., in *The Voice*, musical instruments being used by way of comparison. In the *chest* voice pitch is to be considered. This is regulated in the cornet or trombone by length of sounding tube, size of mouth-piece, length of vibrating surface of reeds in the mouth-piece, and by the width of the tube orifice. In the vocal organ, the first is effected by elevation and depression to and from the base of the skull; the second by contraction of the muscles surrounding the laryngeal cavity; the third by gradual obliteration of the vocal chink by contraction of the lower portion of the sphincter glottidis and stoppage of vibration in corresponding portions of the vocal cord; the fourth, which is not provided for in any known instrument, by the approximation of the false vocal chords as the voice rises in the scale.

The *falsetto* voice is produced by the laryngeal cavity and false vocal chords in the same way as whistling by the mouth and lips. In whistling, we find that as the pitch is raised the cavity of the mouth is diminished by the protrusion of the tongue and approximation of the buccal walls, the labial aperture being proportionately diminished. Similarly, the laryngeal cavity is diminished as its pitch is raised, by the contraction of the sphincter glottidis, and the aperture between the false chords is proportionately diminished.

So much for the "cornopean" theory of voice. As to the "stretch-string" theory advocated by Müller, among other objections two seem conclusive. First, by comparison, in all instruments emitting sound by vibration of strings the rise in pitch of tones is produced by shortening the vibrating surfaces, not by stretching the strings. Second, in every act of phonation in the chest voice there is approximation of the vocal chords and elevation of the anterior part of the cricoid cartilage, which becomes more appreciable the higher the voice is raised. These two simultaneous movements imply simultaneous contraction of the crico-thyroid and thyro-arytenoid muscles. Now, if the the crico-thyroid muscles stretch the vocal chords in a longitudinal direction, they must of necessity at the same time stretch the thyro-arytenoid muscles, for the vocal chords are intimately united to them and have the same attachments. But the thyro-arytenoids are contracting at the same time, so that to accept

the "stretch-string" theory of voice we must suppose a muscle capable of being lengthened during it contraction.

Laryngeal Whistling.—A young lady coming under the care of J. O. Roe, M. D., of Rochester, for catarrh of the throat, called his attention to her capacity to whistle with the lower part of her throat without using the lips, being able to whistle a tune in this manner perfectly, and having done so since childhood. Observation with the mirror whilst whistling showed the vocal chords drawn tense, the rima being nearly closed; the ventricular bands were approximated in such a way as to form an elliptical opening, through which the chords could be seen vibrating. The epiglottis and arytenoid cartilages were also more or less approximated, the latter, however, on producing high notes being drawn up under the epiglottis. The fundamental tones were produced by the vibrations of vocal chords, the bands above modulating them, they also pressing down upon the chord, preventing their vibrations except for the middle third. This sphincter-like action of these muscles corresponds with that position which Gordon Holmes believes the larynx to take in forming falsetto notes. Examination of the larynx of a ventriloquist showed his primary tones to be produced in the same manner. He could not whistle with the larynx, but knew two other ventriloquists who could do so very perfectly. No cases of this phenomenon are recorded, but Dr. Roe has on inquiry among physicians been informed of two or three others being seen.—*Reported in Arch. Laryngol., Jan.* '82.

Puerperal Eclampsia.—Dr. C. C. P. Clark (*Am. Jour. Obs.*) says he has never seen opium fail, properly used. If premonitory symptoms appear, he gives two or three grains a day with confidence that convulsions will be prevented from appearing. If they have set in, a grain and a half *by weight* of morphine should be given hypodermically, to be repeated if they recur any time after two hours, and after eight hours any way, if the patient is in labor. A full or half comatose condition is no contraindication; he is confident of success always, if the brain is not irreparably injured.

Goodell believes chloral to be the best single remedy, a drachm by the rectum or twenty grains by the mouth as often as necessary. Others are equally laudatory. Blood letting is spoken of with favor by many. There is a growing sentiment in regard to induction of premature labor.—*Am. Med. Digest.*

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. MAY, 1882. No. 5.

NITRITE OF AMYL IN OPIUM POISONING.

JNO. BEN. STONEHOUSE, M. D., ALBANY.

No poison is so frequently used as opium or its alkaloid, morphia. A knowledge of their poisonous properties is so universal that it is only under peculiar circumstances any other drug is used by the suicide. They are so extensively used by the sick and those who are slaves of "the habit" that it is truly surprising more cases of accidental poisoning do not occur. It has seemed to me, therefore, that the following facts in reference to the treatment of cases of acute poisoning by these drugs would be of sufficient importance to excuse me for briefly calling attention to them.

Something over a year ago, while investigating the action of some of the narcotics, I noticed the power of nitrite of amyl to stimulate the failing heart in morphine narcosis. No opportunity, however, occurred to test it in practice until the 26th of last February, when, at about 2 o'clock in the morning, I was called by Dr. D. H. Cook to see a patient of whom he gave the following history:

An unmarried man, about 34 years of age, intelligent, strictly temperate, and never suspected of any vice or immorality, had retired the previous evening at 10 o'clock. About eleven, his sister, who occupied an adjoining room, was awakened by his stertorous breathing, and, on examination, he was found to be in an unconscious condition. Dr. Cook was immediately summoned, and found him in "a deep coma, pupils contracted, respiration

stertorous, irregular and interrupted by long intervals." The doctor suspected opium poisoning, but could not get any proof other than the symptoms, and the father indignantly denied its possibility. It was, however, ascertained the patient had been unnecessarily "blue" for some months. In the meantime, in order to meet the indications of the symptoms, hypodermics of alcohol and fluid extract of belladonna were given. The pupils responded slightly, but the other symptoms remained unchanged. Dr. Cook sent for Dr. L. Hale. Nitrite of amyl was then given by inhalation and an enema containing one drachm of bromide of potassium administered. The respiration and circulation responded promptly to the amyl, and it was continued for about an hour; then it was stopped, when all the bad symptoms returned; the intervals between inspirations were fully forty-five seconds, the face becoming cyanotic, then after a jerky inspiration the color would brighten for a second or so, and another long interval in respiration occur. The amyl bettered his condition markedly, but, as no signs of returning consciousness appeared, it was decided to try what an increase in the corps of attending physicians would accomplish, and I was sent for. I found the patient profoundly comatose, respiration as before described, pulse hardly perceptible, slow and irregular, and during the intervals in respiration absent, slight twitchings of various muscles and groups of muscles, almost entire absence of the clammy sweat so constant in opium poisoning, pupils unequally contracted, the right being the smaller,—about the size of a pin head. As he was lying on his right side, in order to interfere with the heart as little as possible, it was suggested (by Dr. Cook, I think) that this inequality of the pupils might be due to this fact. In order to test this, he was put squarely upon his back, when the pupils became equal, but remained extremely contracted. The effect of this position upon the symptoms was so unfavorable, however, that we were compelled to replace him upon his right side.

The question of opium poisoning was again discussed, and the room, his clothing and the adjoining rooms were all searched for some evidence, but nothing was found, and the friends ridiculed the idea. Between this time and 8 o'clock in the morning little change was noticeable, except that respiration would continue without the amyl for a somewhat longer period.

Venesection was tried, but it was impossible to get the blood

to flow in sufficient quantities to produce any effect. Leeches were also applied behind the ears without any favorable result. We now took turns in watching the patient and carrying out the treatment until about noon, when, after another hypodermic of fluid extract of belladonna, the symptoms began to mend slightly. The respiration was deeper, more regular and frequent, the cardiac impulse stronger, and the face assumed a more natural color.

An hour later, thirteen hours after he was found unconscious, while we were discussing the case and concluding that, notwithstanding his improved condition, it was hardly possible for him to survive, he opened his eyes, and uttered an exclamation of astonishment. Dr. Cook asked him what he had been taking. He said he thought he had taken too large a dose of morphine. He afterwards told the doctor that he had been in the habit of taking a mixture of morphine and camphor; that he guessed at the dose, and had once before taken a five-grain dose, with suicidal intent, but had simply slept longer than usual. He would not tell the doctor how much he had taken, but, when asked if he had taken ten grains, said, "Yes, as much as that." He had carefully destroyed every evidence of his act, so that his family would never know how he died. Several attempts at suicide by other means were made during the next few weeks, and finally he was sent to the Hudson River Hospital for the Insane, where, after an apparent cure, he died of pneumonia.

This case is somewhat unsatisfactory, because, first, the dose of morphia is unknown; second, the camphor taken in combination adds an element of uncertainty to the case; third, there are two reasons why it is probable a tolerance was present in this case,—he had been accustomed to the use of the drug for some time, and he was suffering from melancholia, all forms of mental disease permitting of the administration of colossal doses. However, I think it taught us who worked over this patient that it was possible for nitrite of amyl, in some cases at least, to prolong life until the drug could be removed from the system.

This case reminded me of my previous experiments, and I resolved to examine the matter more fully. Several dogs were used by me in investigations upon the action of amyl, and particularly in poisoning by morphine. I have no space here to give the details of these experiments, and can only give my conclusions. As to the action of nitrite of amyl, I am forced to agree with the statements made by Dr. Reichert, in *New York*

Medical Journal, for July, 1881, that nitrite of amyl affects the blood pressure in two ways, the one by directly stimulating the heart, and the second by depressing the vaso-motor system; that the stimulant effect, if carried too far, ultimately gives away to depression; that amyl increases the frequency of the heart's action and the amount of work done in a given time. I used for experiments to test the effect of amyl in opium poisoning five dogs, and, as none of them died, they gave me the opportunity of performing thirteen experiments. The results are as follows:

1. In thirteen experiments, the morphine being given hypodermically until not only retardation, but also irregularity of cardiac action was produced, recovery followed without exception.

2. Recovery from coma was comparatively sudden, but followed by considerable dullness of mind, except when atropia was also used, when the mental condition became natural in a surprisingly short time.

3. The amyl should be given freely, preferably by inhalation, until respiration and pulse increase in frequency and strength. Then the amyl should be removed until pulse and respiration have been reduced in frequency and strength almost as far as they were originally, then the amyl should again be used, and so on. This method seems to avoid the secondary depression of amyl.

4. Atropia can be used with amyl to great advantage. The effect of the former upon the heart's action, when compared with the immediate stimulant action of the latter, need not be given so frequently when the patient is slightly under the influence of the latter.

5. When complete cardiac paralysis is imminent, nitrite of amyl acts much more promptly and surely than atropia.

A FŒTUS, WITH A HISTORY.

THOS. BECKETT, M. D., ALBANY.

The specimen of fœtus which I present to you this evening was obtained on the 23d of September, 1881, when I was called to supersede a midwife in the delivery of Mrs. K., a robust German, 37 years of age, the mother of several children. This fœtus was expelled from the vulva, dead, previous to my arrival, but was still contained in the bag of water, the membranes be-

ing intact and very strong, requiring considerable force to rupture them. They are herewith presented for examination, both having been perfectly preserved in Platt's chlorides.

After the removal of this fœtus, I made an examination, and found the head of another child presenting at the superior strait. I ruptured the membranes, and in half an hour a living child was born, which weighed seven pounds. The fœtus shown is ten inches long, and weighs fourteen ounces. It is of a dark-gray color, and all the organs of the body are of uniform development. The mother is very positive in her assertion that she was within three weeks of the full term of gestation. Both are males.

The placenta is normal in size and of the battledoor variety, both umbilical cords arising within one inch of each other.

Two points of interest are naturally suggested by the facts set forth in this case: First, was this a case of superfœtation? Second, was there some malformation of the umbilical veins by which one fœtus was deprived of its due supply of nourishment, arresting its development and finally causing its death? Without affirming or denying the possibility of the first proposition, I am inclined to believe that an affirmative answer to the second question would be sufficient to account for all the phenomena presented by the case.

It is remarkable that no odor of decomposition occurs in such cases, so long as the membranes remain unbroken.

ABSCESS OF THE LIVER.

R. D. CLARK, M. D., ALBANY.

E. S., aged 33, married, native of Germany, was admitted into the Albany Alms House Hospital August 5, 1881. She was a woman of small stature, weighing about 90 pounds. All that is known of her previous history is that she had been sick for about a year. When admitted she was extremely emaciated and jaundiced. She had some cough, without expectoration. Her pulse was accelerated. There was slight fever, no appetite, and her mind was dull and inactive. A physical exploration revealed dulness over the right hypocondriac region, and down as far as one inch and a half to two inches below the ribs, and also revealed the evidence of compressed lung.

She was treated with nitro-muriatic acid and extract of taraxacum, and a little later with large doses of muriate of ammonia. Under this treatment she improved rapidly for a time, the jaundice disappearing to a great extent, appetite improving, and her mental faculties brightening up. About three weeks before she died she had chills, alternating with fever, and from that time gradually grew worse, suffering from dyspnœa, diarrhæa and pain in the right side. She died on the 4th of December, 1881.

After death the lungs were found compressed, the right completely carnified in its lower two-thirds, and the left in its lower lobe. They were adherent in different portions to the chest walls, diaphragm and the pericardium. There was a small tubercular deposit at the apex of the left lung. There was a small amount of serous effusion in the pleural, pericardial and peritoneal cavities. The heart was filled with a fibrinous clot, which extended into all the large vessels; it was otherwise normal. The spleen was enlarged, probably from engorgement. There was also slight general congestion from obstruction of the portal system. The liver is much enlarged, weighing 7 pounds, and measuring 12 inches in its transverse and the same in its antero-posterior diameters. It is about six inches in its thickest part. There is an abscess extended from the posterior border along the left extremity of the right lobe to within two or three inches of the anterior, occupying nearly the whole thickness of the organ and containing at least one quart of yellowish pus. At a point near the posterior border, on the upper surface, there is a circular opening about as large as a three-cent piece, the edges of which were closely adherent to the diaphragm and that to the lung, and was probably the beginning of an ulcerative process to empty the abscess into the lung.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Fourth regular meeting held December 28, 1882.

Minutes read and approved.

Dr. Beckett presented a fœtal specimen, and furnished a history.

Dr. Fowler said that he had seen cases in his practice similar to this.

Dr. Craig thought that superfœtation is possible, and that this was a case in point, inasmuch as this fœtus was enveloped in its own separate membrane.

Dr. Mosher said that super-fœtation had been proved in the rabbit, and thought that it was at least possible in the human subject.

Dr. Beckett said that he found no authors who say that super-fœtation is possible. Thinks that child from some cause was not properly nourished, and died.

Dr. Stonehouse has read a case in an exchange lately where one twin was black and the other white.

Dr. M. J. Lewi reported a case of fœtal monster, in which delivery seemed impossible until the immensely distended abdomen of the child ruptured.

Dr. T. P. Bailey reported that he had secured portraits of Dr. Peter Staats and Dr. Romeyn Beck, and presented them to the society.

Dr. Van Derveer, from Committee on Semi-Centennial Celebration of Members of the Society, recommended that a dinner be given by the society, on the 11th of January, at the Delavan House, taking the place of the fifth regular meeting.

Adjourned.

Sixth regular meeting held January 25, 1882.

In the absence of the president, Dr. Sabin was called to the chair.

The minutes of the last meeting were read and approved.

Mrs. E. J. Miller, through Dr. Curtis, presented to the society a portrait of her father, Dr. Peter McNaughton. Dr. Curtis read a sketch of Dr. McNaughton's life. On motion, the secretary was ordered to transmit to Mrs. Miller the thanks of the society.

Dr. Sabin showed a photograph of a case of elephantiasis of the leg and foot that he had recently seen. He also presented a specimen of urine from a male patient who was voiding 125 ounces per diem. The urine was dark colored and full of flocculent debris. The doctor stated that a mass as large as a goose egg can be felt through the rectum. This mass is evidently connected with the bladder, and is thought to be cancer of that organ.

Dr. J. B. Stonehouse read a paper on Nitrite of Amyl in Opium Poisoning. He related a case of opium poisoning which was brought to a successful termination by the use of nitrate of amyl, after all other agents had been tried and found unavailing. This was the first case, to the author's knowledge, in which nitrite of amyl had been used for this purpose.

Dr. Curtis said: Amyl has the great advantage over other agents in its immediate effect. Atropia as an antidote is far superior to the old methods of stimulation, flagellation and forced locomotion. A girl in the Albany Hospital took six grains of morphia for suicidal purposes. She was given one-sixtieth grain of atropia; her stomach was pumped out and injected with coffee, and the battery was used. The atropia injections were

continued at intervals of from ten to twenty minutes, in all over one-seventh of a grain. Five hours elapsed before the drug produced its constitutional effects.

Dr. Cook, who was one of the physicians in attendance on the case related by Dr. Stonhouse, corroborated the effects of the amyl on the deeply narcotized and comatose patient.

Dr. Perry related the case of a patient of his to whom he had given, for the relief of pain, thirty-three grains of opium in three days. This was followed by a hypodermic injection of one-half grain of morphia, which resulted in thoroughly narcotizing the patient. Resuscitation seemed hopeless, notwithstanding repeated use of belladonna. The battery was tried as a last resort, and seemed to furnish the necessary stimulus, for the patient rapidly recovered.

Dr. Stonehouse thought that atropia should be used in connection with amyl. If the heart can be roused by amyl, atropia will keep the vantage ground. Amyl is used in chloroform narcosis for precisely the same conditions that are present in opium poisoning.

Dr. D. C. Case asked whether there were no bad effects from amyl. Said that his experience with the drug has shown a subsequent depression of the heart corresponding in degree to the previous stimulation. Is it safe to use it, as in the reported case, by sprinkling it on the pillow?

Dr. Stonehouse, in reply, said that he had never observed any bad effects from its use. He had used it freely, and had never measured a dose of it. No death, to his knowlege, had ever occurred from its use.

Dr. Bartlett said that he had used amyl in a case of hystero-epilepsy. After using two of the ordinary glass capsules, the patient became cyanotic. This result he had attributed to a secondary depression following the primary stimulating effect of the agent.

Dr. Lilienthal has used amyl once in a case of opium poisoning, and observed that its use was followed by cyanosis.

Dr. R. D. Clark presented a specimen of abscess in the liver, and gave a history of the case.

Dr. Case introduced Dr. Babcock, of Alleghany county, and moved that he be allowed the the privileges of the society, which request was granted.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. JUNE, 1882. No. 6.

PREVENTIVE MEDICINE—PRESIDENT'S ADDRESS.*

R. C. MC EWEN, M. D., SARATOGA SPRINGS.

Gentlemen of the Tri-County Medical Society:

As your retiring President the duty is imposed upon me of addressing you upon some subject pertinent to the science we represent. Had I been informed at an earlier hour that a section of the society was about to awake and attempt to rouse into greater activity the remaining portion of its representation, I should have endeavored to have addressed you in a manner more fitting the occasion and this increased presence. But the information came at too late an hour, and, therefore, asking your indulgence for any imperfections in what I may have to offer, I invite your attention to some consideration of what may be called the Preventive Medicine of to-day and our relation to its prospective and its present development.

As we contemplate the science of medicine meeting the mysteries of disease in the intricate machinery of the human frame, and dealing with its manifestations as they spring from sources without and around us, or declare their existence in a language comprised in the terms of symptomatology; or as we contemplate its relation to all classes of society, to their modes of life, whether in wealth or in poverty, or the varying conditions arising from ill-judged application of the laws of health, or the violation and disregard of precautions even an ordinary prudence might

*Delivered before the Tri-County Medical Association, and, by resolution, sent to the MEDICAL ANNALS for publication.

suggest; as we find it reaching out amid the mysterious developments that have their foundation in the realms of hereditary growth and stamp their existence upon form and feature, determining constitutional vigor and modifying vital power, or enter the realms of pathological science and contemplate it amid the wonders of histological research, and read the interpretation of evidences that point to the mode and extent of a departure from physiological conditions, constituting disease, we have but touched upon its relative position, and defined in but small degree its importance to mankind. That a science sustaining such relations to the world at large, kindred to other branches of scientific pursuit with which it must go hand in hand, in its theories embracing problems of the physical world, and in its facts proving that it is governed by similar laws and similar conditions, should pass through many and varied phases of development and progressive growth is not a matter for our wonder. In the empiricism of its early days, the anger of some offended deity accounted for the existence of a given malady, and pathology was only a train of sequences suggesting a rational expectation of similar phenomena under similar circumstances. It is not our purpose to trace the changes from primitive to modern times; all along the pathway are the monuments of intelligent investigation, distinctive marks of scientific advance in each day and generation; and here and there are shadows of thought thrown far into a future period which have stimulated earnest research and given a stable foothold to the explorer in days to come. To Harvey is given the honor of discovering the circulation of the blood, but the theories of Aristotle and his successors, the discovery of valvular formations within the veins by a later explorer in anatomical research, were the stepping-stones to the great and important development; yet it needed the power of the microscope to complete the chain of discovery and demonstrate at a still later day the existence of the capillary circulation as the blood was seen to pass from one set of vessels to another in the lungs of the frog. The truth that is established to-day becomes the key that unlocks a hidden mystery in the physical world, and sheds upon the pathway of some future generation a knowledge and a power that raises man still higher in the plane of a superior intelligence.

We are led to these reflections by the developments characterizing the investigations of to-day as they are connected with

the researches of pathological histology, directing us, in the effort to demonstrate the proximate causes of disease, to the means for their prevention. It might seem that we are standing on the threshold of a new departure in science, and, in accepting the revelations of the present, must give up cherished principles that have been the basis of our faith and practice, and attend more to modes of prevention rather than means of curing disease. Pathological research is surrounding us with mysterious forms of growth, developed in the lower orders of animalcular life, which, unknown and unseen, have spread disease and death when planted in soil favoring their peculiar mode of rapid increase. The natural history and vital properties of these lower forms of organic life are being closely studied, and comparative pathology is tracing out forms of resemblance between the animal and vegetable world in the varied phases of pathological change. Experimental observations on the peculiarities of fermentation in milk suggested the antiseptic treatment of wounds, and gave Listerism its prominence as a remedial means in the surgical world of to-day. The labors of Davaine in malignant pustule were supplementary to inquiries into an allied form of fermentation, and the germ theory of disease is exciting our wonder and interest in the experiments of Pasteur in vaccination for chicken cholera and splenic fever, and the protective results that have followed the practical application of his peculiar vaccine to domestic animals subjected to the ravages of a hitherto destructive malady—a second Jenner, extending vaccination to limits hitherto unknown and in the possibilities of the future to give to mankind the boon of increased resistance to many a form of so-called infectious or contagious disease. It is in such developments we find foreshadowed the foundations of principles that may change theories now existing, and what has been hitherto accepted as sufficient to explain the phenomena of disease be supplanted by the greater light thrown upon the obscure parts of pathological science by such investigations. The germ theory of disease is accepted by some and rejected by others; the cry of "down with Listerism" is heard in the schools abroad, while others would modify its practical application and limit its importance as a preventive measure. It is a favorite hypothesis with others that the phenomena of disease can be explained upon the basis of chemical change; but the tenets of the advocates of each are to be submitted to the test that has

ever dissipated error and guided us to a surer foundation in the light of fact and experience. But as the eye of science penetrates more deeply into the hidden recesses of nature, and places before us the results of its experimental research, we find the human organism brought more closely into relation with the natural world, and the morbid changes that surround it governed by laws similar to those that influence the lower forms of organic nature. Pathology, with its accumulation of experience and its deductions from practical research, is startling us with its facts, and demonstrating the existence of hitherto unknown causes of transmissible disease, the nature and origin of which it is the purpose of progressive medicine to investigate and if possible to understand. As a science pathology would seem to be extending her borders and reaching out into other forms of natural life, by tracing out in diseased conditions a harmony of law and of action similar to that which is characteristic of the processes of nature in other departments of physical life. There would seem more than theory in the developments, and hypothetical considerations are overshadowed by the practical application placed before us as proof of the law the existence of which it is sought to demonstrate. As yet the amount of knowledge gained may be small, but the gleaners in the field are earnest, and systematic investigation is being carried forward with such activity that even the professional mind is hardly ready to receive the doctrines set forth, as the darker corners of the subject are illuminated step by step by the light of continued scientific enquiry. Yet enough has been learned to attract our attention to the importance of these revelations, and lead us to their careful consideration. By the sanitarian their importance cannot be too highly estimated; and, should pathology establish its claim upon our belief, and demonstrate a closer pathological relation between man and the lower orders of organic life than has been known to exist, preventive medicine will have assumed a position hitherto unattained, and in its practical application place before us means of warding off varied forms of communicable disease that are shown to have an origin in newly discovered sources, and their rate of mortality be materially lessened by the protective aids that science has placed within our reach.

In a recent address before the Social Science Congress at Dublin, reviewing the researches to which we have alluded, Dr. Charles Cameron dwelt upon their importance in the following

pertinent language: "In the first place, all this teaches us in every line the necessity, from the standpoint of public health, of regarding every person suffering from an epidemic or contagious disease as a hot-bed swarming with living organisms, which spread and cause the disease. It should be the duty of the public sanitary authorities to provide convalescent homes for patients recovering from serious infectious disease where they might be taken care of until all danger of the propagation of infection by them had ceased. Were this duty attended to, the recent discoveries as to the nature and causation of disease leave not the smallest doubt that we might be spared many epidemics, and that one disease, especially scarlatina, might be made to show a very different death tale in our tables of mortality. In the second place, the whole history of the chain of discoveries seems to teach the enormous importance of the study of comparative medicine and pathology,—of medicine and pathology not in connection with human diseases alone, but as branches of a science affecting the whole animal and vegetable world." Such might seem advanced ground; and, though presumptive evidence were sufficient to establish a reason for the course advised, yet in some degree there may be a begging of the question, inasmuch as we have not emerged from the doubt of investigation into the full light of established truth as to a harmony of natural law governing and controlling the action of these minuter forms of molecular life in their relation to man in his condition of disease. In the liberality of an enlightened age, there may be but little surprise at newly discovered relations between man and the organic life around him, yet in the cumulative knowledge of continued experiments the proximate causes of disease may be found at last within the grasp of scientific research, and modes of prevention become as important to man as are now the means of cure.

In the few thoughts thus presented, we have dwelt upon the importance of what may be called preventive medicine as applied to epidemic or contagious diseases, in view of significant developments in the study of comparative pathology, calling attention to their great practical value, while conjecturing in the testimony of the present, as to the possibilities of the future. This is but a partial consideration of what may be included under the head of preventive medicine. Sanitary science, in its relation to the individual and communities, to modes of life and

forms of occupation, in its investigation and control of all that may be found detrimental to health and prejudicial to the physical well-being of society at large, moulding its requirements in accordance with the tested truths of collateral science, embodies the knowledge of the present as related to this important branch of our calling. Hygiene and means for protecting and preserving the public health have ever been important in the eye of the profession, and national, state and and local organizations, constituted with ample powers through legislative action, are meeting these vital questions as they are related to individual cases or to the broader field of general public welfare. It is not our purpose to dwell at length upon the claims this department in its extended application may have upon our time and study. The imperfections of our present social life, as to its sanitary condition, are not unknown. Our anathemas may be hurled at the follies and foibles of fashion; "the duties and dangers of the hour" form the text of essays having the weight of high professional authority; sound hygienic advice and principles of prophylaxis may be spread abroad by the power of the press, and in all this we are meeting a professional duty and asserting a true professional position. But the utopian idea of the Salutland of a Richardson is to be a realization of a future period, and the ideal city of Hygeia, where all the principles of sanitary science are to be fully carried out, prove an imaginary picture, while men shall prefer the follies and the foibles, the shortness and merriness of life, the unlimited salad and dry champagne to a protracted existence on the orthodox oatmeal and milk, with a specified quantity of underdone beef and mutton.

Some may ask, in the light of the possibilities alluded to, is medicine to become superfluous and therapeutics pass into the category of lost arts? There is but little danger of such a change. The millenium of a world freed from the ravages of disease is not to be attained as long as man in his imperfections exists. We shall still be needed, and the doctor dispense his pills and prepare his potions, waiting as ever the expected beneficial result from his complex compound, whether administered rationally or fired as a random shot at long or short therapeutic range. Sanitary reform is the tendency of the day, and parallel with such experiments as we have noticed are the efforts of the earnest reformer, in the light of present knowledge, to promote public hygiene and individual safety by the application of such

laws and regulations as science and experience have developed as productive of the most beneficial results to all classes of people and to the nation at large. Yet, in the light of the present, we are groping our way amid the perplexities of problems unsolved, while in the demands of daily practice we express professional opinions that have weight as authority given *ex cathedra*, yet having foundation only in the alluring fancies of theoretical explanation, satisfying to the unreflecting mind, but grafted more in empiricism than a full understanding of causes and effects. Malaria and sewer gas are the fashionable medical phrases that account for the otherwise unaccountable pathological condition, and with the specifics of therapeutic art and the cordon of sanitary guards we hope to dispel the enemy and prove the truth of our theoretical opinions. The typhoid epidemic at a certain collegiate institution was attributed by its learned president to the visitation of God, but a conflict between theology and hygiene was avoided in the discovery that the fatal disease was due more to the imperfections of man's work in defective plumbing than the interposition in so direct a manner of a Divine Providence. But, in the endeavor to pass beyond the defective work of man and demonstrate the proximate cause of so fatal disease, our considerations are mainly hypothetical, and are perhaps as illy defined as the theological explanation to which we have made allusion. The well of water, with its oaken bucket, has furnished the pure and cooling draught for generations before us, but through a soil that has at least reached a point of saturation, from defective drainage, the bucket has furnished the germs of fatal disease; and, after one or more have passed into the shadow of death, the cause is removed, and mortality ceases. Manufacturing interests have overflowed sections of land with water supplied from natural water-courses, and population has been lessened by the outbreak of epidemic disease; various processes of industrial art have loaded the atmosphere with noxious vapors, and questions of sanitary jurisprudence have agitated the courts, while the unbiased legal mind has sought to unravel the mysteries of scientific evidence as to the existence of a nuisance detrimental to the public health. Infectious germs are transported in supplies of milk, and legal enactments enforce a standard of purity to prevent the influence of undue dilution upon the rate of mortality in early life. The adulterations of food, impurities of water, errors in ventilation, questions of sewerage, are promi-

nent topics in secular and professional journals, and to know how we may improve our mode and manner of life has become one of the questions of the day. Its solution is promoted by the labors of the scientist as he develops the truths that lie hidden in the realms of nature, and places within our grasp the power begotten of knowledge. With the refinement of a better civilization and the advance of the age in all material interests, the benefits of a sanitary condition are pressing their claims upon society in all the departments of life; and, with the greater light of to-day, there comes the greater responsibility. As professional men in the full discharge of professional duty, we are called upon to keep pace with the most advanced ideas of the times, and, in addition to our knowledge of the means of cure, give due heed and prominence to all that is developed of means for preventing disease.

The question, "Is a sanitary life worth living?" has agitated the minds of some in these latter days. Were not our forefathers, we are asked, happier, and did they not live to as full a measure of life as we do, who are pressing the questions to a degree almost equal to the present craze after the æsthetic? We trouble ourselves with doubts as to what to wear, what to eat and what to drink, how to avoid infection and how to escape disease. We build our houses, and must meet sanitary science in its specific requirements as to modes of sewerage and the best means of protection from the dreaded sewer gas. The protean forms of malaria pursue us like a phantom, and the salubrity of this or that locality as a summer resort governs our migratory movements for the heated months of a summer season. We discuss the quality of a water supply, and prefer Apollinaris to the chance of imbibing unseen forms of organic life. Samples of food are subjected to chemical analysis, and we are horrified at the evidences of sophistication. Our coffee becomes chickory, our tea a decoction of pig-weed, the whiteness of our bread is traced to the use of alum, and terra cotta and glucose form innumerable compounds, attractive to the delicate children, but ruinous to the powers of digestion and assimilation. Our wines are a fraud, and aloes, tobacco and strychnine give character and quality to the glass of foaming beer. The milk supplied us is innocent of a proper knowledge of lacteal glands, and oleomargarine and butterine are palmed off for the sweet-scented products of a dairy in June. And now, with the latest

refinement in our search after means for promoting longevity, we are to be subjected to the influence of this or that particular ferment, which shall render the body less susceptible to the various infectious influences that surround us and diminish mortality in proportion to the degree of protection. "Inoculation in the Future" is the subject of satirical comment in a late number of the *London Punch.* The customer, desiring to purchase some yellow fever to present to a nephew about to depart to some distant land, is requested to await the arrival of a fresh consignment from St. Thomas, as the germs are so difficult to cultivate in Europe, and is solicited to purchase the traveler's assortment of the six commonest zymotics or some nice Asiatic cholera, just ripe, though more expensive.

But the possibilities of the future are unknown. Scientific truths that had their birth in days long past afford no subject for the cynic now, as we live in the enjoyments of benefits from their practical application. It was the growth of a century that developed the wonders of worlds in space and compelled the intelligent mind to accept the Copernican doctrine, yet its author was subjected to the anathemas of the theologian, and his published works incited the superstitious to curse him as heretical. The twitchings of the hind legs of the frog interested the scientist and afforded amusement to courtier and peasant, yet the electric spark encircles the world, and nations are cemented in community of thought and interest. The future of inoculation may excite a smile of incredulity, but the seed now sown may become the tree under whose protecting branches the nations to come may enjoy an immunity from disease only foreshadowed perhaps in the present, but waiting the roll of years to become perfected truth, and be added as another blessing from the hand of science, ministering to the comforts and necessities of man.

It may be said by some that these are special branches, and their promotion more intimately concerns the sanitarian and philanthropist, while we devote our energies to the demands of clinical medicine. But can we thus take the position of the separatist, and isolate ourselves amid the routine of duties that pertain to this special department of our science? In clinical practice we are called upon to observe the earliest departure from normal function, but must call to our aid the teachings of colaborers in other fields of investigation. We now depend not so much upon deduc-

tions from symptomatology alone as upon our being able to pass beyond and define the cause from which such conditions arise, seeking still further to understand its nature and its power. The why and the wherefore are no longer left to the uncertainty of a mental winnowing of observed facts, a process as often obscured by theory as sustained by soundness of reasoning, and science has added to our ability to accomplish the task, placing in our hands the various instrumental means that give more certainty to diagnostic effort, and secure that feature of localization which marks the progressive character of the medical art of our time. And thus, in what may seem to us the treadmill path of daily practice, we find our clinical study and investigation intimately connected with other departments of scientific pursuit. The man of practice and the man of study sustain a mutual relation; they are fellow students and fellow workers; each has something to teach the other; each has something to learn. The clinical fact established by wise and close discrimination may advance the solution of some difficult problem, and the deductions of the scientific investigator are the rounds of the ladder on which we stand, reaching upward to greater utility, and rising to higher conceptions of our relation to the natural world around us. The student of to-day enters upon the study of a profession that has changed in many of its aspects since not a few of those before me were admitted to its ranks. In all its subdivisions there has been a progressive advance, taxing the energies of the busy practitioner to keep pace with the changes in the various parts necessary to the complete practitioner of the present. The growth of knowledge is greater than the average increase in degree of mental power, and the mind is capable of arriving at but a fair acquaintance with the many parts that are embodied in so complex a whole. Yet, in whatever field of labor our lot by chance or by choice may be cast, it is necessary we should attain to sufficient knowledge of other departments to enable us to meet the demands of practical life, and give evidence of professional zeal in accord with the spirit of the day.

Experiment shows that false membrane of croup is quickly soluble in pepsine. It also dissolves *in situ* from the fauces by placing the powder freely on the tongue, and in the larynx a solution may yet be found to reach it with like effect.

CASE OF HEMOPHILIA COMPLICATING PREGNANCY.

FRANKLIN TOWNSEND, JR., M. D., ALBANY.

Mary X., an intelligent married woman, about thirty years of age, American by birth, and whose occupation has been that of a domestic, entered the waiting woman's ward of the lying-in department of St. Peter's Hospital, on the 29th day of April last, with the hope of being confined in a few weeks.

Family history: Her father died some years ago of apoplexy; mother is still living. She has had two sisters, one of whom died of consumption, and the other of hemorrhage from her mouth, nose, eyes and ears; hemorrhage was said to have been brought on by fright, but she was constantly in the habit of having hemorrhage from her nose, which she thought generally benefited her. Otherwise the family history is good.

As to previous history, the patient has generally enjoyed good health, though not at any time has she been able to exert herself unusually. A hard-working woman always, she has noticed that fatigue attends her daily duties as a rule. She is the mother of three living children, and has had two "miscarriages," one an abortion at the third month, the other a premature birth one week before full term. The latter she described as having had in the following words: "I never had any trouble in my previous labors until about four years ago, when I was taken very suddenly one morning with flooding, just one week before my expected confinement. I cannot give a reason for it, unless perhaps it was caused by my being startled while lying quietly in bed, and my jumping quickly up and out upon the floor; at all events, it was at this time that I felt something give way, though I was not sure of it, as I suffered no pain anywhere. Returning soon to my bed I quickly fell asleep, only to awaken at about seven o'clock and find myself lying in quantities of blood, the sheets and bedding generally being almost saturated with it. I was naturally weak, nervous and excitable, and sent for a doctor immediately, who ordered me to get out of bed, and who placed me in a chair by my bedside. I felt alarmingly faint, and was compelled to remain in the chair for a whole week, during which time I kept up a constant bleeding from my privates. After seven days had passed I gave birth to a living female child, suffering little or no pain at the time, until perhaps just before my

baby's head entered the world. The after-birth followed the child immediately, considerable bleeding taking place." From this time until the fall of 1881 the patient was in very good health. She became again pregnant in October, 1881, and came to the hospital as above stated on April 29, 1882, expecting to be confined by June or a latest by July. Her health was excellent.

On the morning of the 5th of May, between nine and ten o'clock, while in the act of stooping over a pail of water to wring out a wash cloth (she being employed in washing the floors), she became suddenly faint, and complained of a throbbing sensation in and about her abdomen. She was immediately put to bed, when she remarked that she "felt something detach itself from the inside of her womb;" also spoke of appreciating fœtal movements. Following shortly these sensations came a severe ante-partum hemorrhage, lasting perhaps fifteen minutes. At eleven o'clock, about two hours after hemorrhage began, I saw her, and the following are my notes taken at the time: Facial expression extremely anxious, blanched, pulse 136, weak and compressible, surface cool, extremities cold, pupils dilated widely, respiration 30, voice faint, vomiting frequent, bed saturated with blood. Examination per vaginam revealed the uterus enlarged, containing fœtus of about eight months, cervix hard, but evidently softening, os patulous, labor commenced, pains irregular and feeble, hemorrhage interrupted and severe. I ordered the foot of the bed elevated, head low, ice, milk and lime water and stimulants when necessary. I also tamponed the vagina. At 3.30 P. M. again visited the patient, with Drs. Vander Poel, Jr., and Morrow, and found that she had been bleeding freely from her nose and gums, also had vomited considerable blood. Removed the tampon, bleeding continuing from uterus, but trifling in amount. The os was dilating nicely, head, in first position, presenting, membranes intact, pains more regular and efficient, no placenta to be felt. Ordered careful watching, hypodermic injection of Magendie's solution, ten minims, also to continue treatment as before.

At 5 P. M., patient having been permitted to see some friends, became greatly agitated, the outcome of which was a renewal of the uterine hemorrhage; also her head commenced to ache severely, undoubtedly from the cerebral anæmia present. At 10.30 I was sent for, the patient's condition growing rapidly

worse. Examination revealed the os well dilated, membranes still intact, hemorrhage excessive. I resorted immediately to the expedient of turning, afterwards rupturing the membranes, which act was followed by a copious flow of amniotic fluid and blood; delivered with forceps, Dr. J. P. Boyd kindly assisting me. The placenta followed the head immediately into the world, the uterus contracting feebly; hemorrhage ceased. The child had been dead several hours. Patient was carefully watched during the night by the internes, Drs. Curley and Swift who reported that the uterus would relax frequently, hemorrhage invariably following each relaxation, but which was readily controlled by the usual methods. From this time on her recovery was rapid and uninterrupted. Her temperature for two or three days was about 97°, afterwards rising above 100°, dropping to the normal on the eleventh day.

The above case is reported because of its greater or less rarity, especially among our own country women. German literature, I am aware, abounds in citations of cases of like character, because of the greater frequency of the disease in German lands, and more numerous and complete records of all the phases of hemophilia have accordingly issued from this than from any other portion of the globe. Since the appearance of Immerman's article, many memoirs have been published, most of them, though, being merely restatements or summaries of facts already well known. One interesting article by Kehrer, of Giessen (Die Hemophilia des Weiblichen Geschlechts, Archiv. f. Gynæcol., Bd. IX. 2. 1876, pp. 201), advances especially the close relation existing between this condition of hemophilia and the pregnant state. Here he shows how the disease is modified in the female by sexual peculiarities, and considers pregnancy as a developing cause of the symptoms of the hemorrhagic idiosyncracy in women in whom it had previously but little manifested itself. Again, one Boerner, of Gratz (Wiener Med. Wchnschr xxviii. 1878. Nos. 33, 35, 37, 38), published in 1878 some views regarding hemophilia in its gynecological bearings. In this article hemophilia is regarded as arising *de novo* not infrequently, and the author coincides with Kehrer in the belief that the female sex is more liable to these disease than the male, also that this proneness is vastly greater than usually believed. For instance, he remarks that "in girls there is often a sort of latency of the diathesis, which only becomes manifest from the action of defi-

nite causes, apparently connected with the reproductive function;" also that "during pregnancy serious hemorrhages may be caused by the hemorrhagic diathesis, explainable by the special local conditions connected with that state;" and in another part of the same article he says that "delivery is always accompanied with serious hemorrhage in these cases;" and lastly he suggests that "very slight mechanical causes, even the shock produced by locomotion and even psychic impressions, may give rise to obstinate hemorrhage from the genital organs."

ALUMNI NOTES—ALBANY MEDICAL COLLEGE.

Dr. John Vought ('39), of Freehold, N. J., died recently. The doctor was a prominent member of the profession in his state and a warm friend of the Alumni Association.

Dr. M. E. Nellis ('81) died at Port Jackson, N. Y., April 27, 1882, of phthisis.

Dr. Frank Potter Johnson, valedictorian of the class of 1881, died at Schenectady, N. Y., April 1, 1882, of typhoid fever.

Dr. G. L. Ullman ('71), treasurer of the Alumni Association, was married to Miss Held, of Albany, June 8, 1882, by the Rev. Dr. Hoffman.

Dr. William Wallace MacGregor ('73), president of the Union Medical Association, has removed from Glens Falls to New York city.

Dr. T. D. Worden ('80) has removed from Albany to Saratoga Springs.

EDITORIAL NOTES.

—State Commission in Lunacy.—One of the most commendable acts of the Senate was its confirmation of Stephen Smith, M. D., of New York city, as State Commissioner in Lunacy. While Prof. Smith has not, as far as we know, had any special experience in the treatment of the insane, he will unquestionably make an excellent officer. As a member of the State Board of Charities he has become acquainted with the condition and needs of the insane, and his strong common sense and superior profes-

sional attainments will undoubtedly well fit him for the duties of this responsible office. If the legislature had abolished the several boards of trustees, which are *supposed* to manage the affairs of the asylums, and by creating in their stead a board of managers or commissioners, made a uniform system of management possible, it would have done much to cover its "multitude of sins," and anticipate that to which economy and humanity will ultimately force it.

Union Medical Association.—At the recent meeting of this association, held at Saratoga, the constitution was so altered as to make physicians resident in Albany and Rensselaer Counties eligible for membership. The name of the organization is now "The Union Medical Association of Washington, Warren, Saratoga, Albany and Rensselaer Counties." The next meeting is to be held at Lake George in August. It is hoped that a good representation will be present from Albany county. The president's address, delivered at a recent meeting, forms a part of this issue.

—The address of David Murray, Ph. D., LL.D., at the commencement of the College of Pharmacy, has been printed, with an account of the exercises. It consists, in good part of a reminiscence of the amusing absurdities in medicine of the past, which are contrasted with the scientific pharmacy of to-day. This is another contribution to the agreeable public addresses for which the secretary of the Board of Regents has established his reputation.

—Dr. Thomas Featherstonhaugh, now secretary of the Albany County Medical Society has announced his decision of leaving this city for New York. His address will be 33 West Thirty-third street. We wish him every success, and hope he will not too soon drop us to the general rural estimate that New Yorkers tend to put on everybody else.

—The Academy of Medicine of Albany held its closing meeting for the summer on the 15th inst. The society includes in its membership, besides physicians, lawyers and dentists, which gives it certain obvious advantages. The paper of the evening was by Judge A. Hamilton, on the "Legal Status of the Insane respecting Property, Personal Restraint and Criminal Liability." The evening closed with a collation.

Working Bulletins for the scientific investigation of Quebracho, Cascara Sagrada and Jamaica Dogwood. Issued by Parke, Davis & Co.

These three pamphlets are similar to others published heretofore by this firm of pharmaceutical manufacturers. Each contains a description of the article to which it is devoted, botanical and otherwise, with a history of its introduction to medicinal use. The bulk of the publication is consumed in a mass of reports from medical men respecting the therapeutic properties.

Quebracho has the property of diminishing the frequency of respiration, and its therapeutic application has been mostly based on this. Dyspnœa due to cardiac disease appears to have met with no benefit; due to certain pulmonary affections, as emphysema and bronchitis, its action is sometimes beneficial, and in nervous dyspnœa and asthma it has received pretty general commendation from its experimenters.

Jamaica Dogwood is offered as a sedative narcotic, claimed to be free from the ill effects that follow opium. There is a pretty uniform testimony given in favor of it as an anodyne for neuralgic pain and as a soporific, many speaking warmly for it.

Cascara Sagrada has already reached an established therapeutic use, its special action being toward the relief of habitual constipation, not acting well when pushed to catharsis, but serving a good purpose when taken in just sufficient quantity to effect a daily regularity of bowel movement. There is a large mass of reports favorable to it in this direction given. The fact that occasionally one of these new remedies secures an accepted place places an obligation upon the profession toward this enterprising firm for bringiug them forward.

—In Windschoten a person was poisoned fatally by Aconite Nitrate. The apothecary put up the product made by Pelit, instead of that generally used, that made by Friedlander. From investigation made by P. C. Plugge, the Aconite Nitrate made by Pelit acts eight times more strongly, and that made by Merch one hundred and seventy times, than that made by Friedlander. Thus all that is sold under the name of aconite cannot be said to possess the same strength. In the Aconitum Napellus, besides Aconite, $C_{33}\,H_{43}\,NO_{12}$, two other substances are the inactive Picroacotin $C_{31}\,H_{45}\,NO_{10}$, and another body not yet studied. As the aconite preparations are made, the proportions of aconite and these other products may vary. M. P.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. JULY, 1882. No. 7.

MEDICAL USE OF ELECTRICITY.

E. A. BARTLETT, M. D., ALBANY.

For a long time electricity has been used in the treatment of disease; but its earlier application was seldom attended with success. On the one hand the operator was not sufficiently acquainted with the physiological effects of the different forms, which must be carefully distinguished; on the other hand there was a lamentable want of method and regularity in its therapeutical use, as well as an incompleteness in the construction of apparatus. Great results have been accomplished both at home and abroad, and to-day electricity is recognized as one of the most valuable agents we have. The best mechanical genius has been enlisted in the manufacture of instruments, and some very complete ones are furnished.

The requisites in a galvanic apparatus are, first, cells that shall give a constant current; this is only possible when two fluids are used. None of the portable apparatuses now made give a truly constant current, and consequently are not adapted to cases requiring accurate applications. Second, a means by which an increased amount of electricity may be introduced into the circuit without shock to the patient. Third, an arrangement by which the density of the current may be controlled. In regard to density Neftel says: "Many obstinate neuralgias or diseased conditions of the higher senses can only be successfully treated when we possess the means of graduating the current

density in so imperceptible a way as to avoid altogether the morbidly increased reactivity of the affected nerves." He further says: "The proper management of the rheostat requires a great deal of experience and technical dexterity, and belongs to the most difficult and delicate electro-therapeutic operations." The above mentioned parts *must* be included in a galvanic apparatus; there are other attachments which, though useful, are in the nature of accessories.

The choice of a good apparatus of induction is also a matter of no little importance. It must possess at least two currents produced by a thick and a thin wire; the thick wire, insulated, being wound round a bobbin having in its centre a bundle of soft iron rods; the thin wire, also insulated, being wound round the coil of thick wire. From the researches of Duchesne, Althaus and Remak it is very conclusive that the current through the thick and the thin wire produces different physiological effects, viz.: the current through the thick wire acts chiefly on the contractile power of the muscles, while the current from the thin wire acts chiefly on the sentient nerves, and, when applied by means of moist electrodes to the face or scalp, on the retina. Althaus says: "In amaurosis one acts by the current of the second order and by wet excitors; in tic-douloureux and anæsthesia of the fifth pair one acts by the current of second order and by dry excitors." The statement of the difference in physiological effect, according as a thick or a thin wire is employed, being true of two extreme sizes of wire, it would be supposed to be true of the mean, or intermediate sizes; this is shown to be the case; in other words, the diameter of the wire modifies the physiological effects produced by the electricity conducted by it. Hence, another requisite for exact electrization is the arrangement of subsidiary coils. It is necessary that the intermission of the current of induction can be made slow or rapid at will, since the effects of slow or rapid intermissions are very different. For this purpose there must be a rheotome (interrupter) capable of being made to vibrate slowly or rapidly. The rheotome, or, as it has been miscalled, the interrupter, lately introduced, is totally inadequate to serve some of the purposes for which such an arrangement may be used. The vibratory theory is a fallacy, because, even if the proportion of chemical effect to vibration, as stated by the inventor, were scientifically accurate, the therapeutic value of the current

is not dependent alone upon the chemical effect produced, but upon the various other forms of molecular action initiated. The size of this so-called vibrator is such that it would easily get out of order if manipulated, or if moved by any attachment for controlling the number of interruptions. Furthermore, it is so slender that its vibrations actually interfere with the proper performance of its functions, unless the magnetism of the core is sufficient to restrain it. An oscillating is as good as a vibrating rheotome, provided its movements are, or can be, regulated, since it is true that slow interruptions are often quite as valuable as the very rapid. With reference to machines for the generation of static electricity, we can simply say that the improved Holtz machine is excellent. We dismiss the subject thus summarily, not because static electricity is of no importance, but rather because it is so important that the limits of this paper will not allow of its discussion.

Having thus briefly considered electrical instruments or apparatus, we shall as briefly study some of the applications. Galvanism may be made to quiet general restlessness and relieve insomnia. As exercise by improving the circulation oftentimes removes these conditions, so galvanization will cause dilatation of the capillaries, and, as Bartholow says, "by increasing the vermicular movement of the vessels, increase the flow of blood." It also produces a calmative effect by altering the polarity of the nerves. Moreover it has been clearly demonstrated that the cerebral substance can be electrized both directly and indirectly. In the latter, by addressing the application to the superior ganglion of the cervical sympathetic, it is possible to control the cerebral circulation, and by this means relieve insomnia. It had been for a long time thought that this was the province of galvanism alone; that the induced current could not be made to penetrate the cranial cavity. Finally Duchesne succeeded in affecting the retina with the induced current, since which time experiment has shown that every vessel penetrating to, or emerging from, the cranial cavity furnishes a channel for its introduction; and it has further shown that the induced current produces contraction of the cerebral vessels. Galvanism, if the current be interrupted, may be used to improve the nutritive condition and functional activity of muscles, provided there is no irremediable central lesion, and the tissue is not degenerated.

The same is true of the induced current, but the action of the

one differs from that of the other. Under galvanism the muscle appears to swell to its full extent, and when the current ceases it as gradually recedes, acting much like involuntary muscular fibre. The induced current produces a sudden knotty contraction, and, if rapidly interrupted, a state of tetanic rigidity; it is said that by a long-continued application of this kind it is possible to produce a state of cadaveric rigidity. This latter may account for the cases which sometimes come to the electro-therapeutist which, having been injudiciously treated with electricity, present contractures resembling somewhat those mentioned by Charcot as occurring in spinal pachymeningitis, or the *main en grippe* of progressive muscular atrophy.

One object accomplished by the application of either form of electricity to the body may be the improvement of nutrition. It has been said: "Nutrition is one of the most complex of all the wonderful processes of nature. The relief of pain, the removal of symptoms of indigestion, the absorption of effusions, the increase in size of muscles, are all signs of improvement in nutrition." These are also the results of electrization, and, because they are, the delusion for a long time existed that electricity was a universal panacea. All who have had sufficient opportunity for observation know there are some persons who cannot receive any form of electrization without more or less positive injury. In these cases, aggravation, weakness and irritation are produced, instead of relief, strength and calmness, no matter what the form, quality or duration of the application. These cases, however are rare; the fault is in the method of electrization more often than in the idiosyncracy of the patient, indicating that the manner of applying electricity is one of the chief factors in successful treatment. There is the same difference, as regards skill, among electro-therapeutists as there is among physicians and surgeons. This leads us to inquire, what are the requisites for a skillful operator in this department?

We answer, first, he must possess the knowledge necessary for a general practice of medicine and surgery; second, in addition to this, he must have a knowledge of electro-physics, electro-physiology and electro-therapeutics. These statements are self-evident, but let us consider each one briefly. The knowledge of the general practitioner is necessary for diagnosis, for pathological research and for medication, for it must be borne in mind that in many cases the combination of medicine with electricity

proves much more beneficial than either alone. The knowledge of electro-physics is necessary, that the operator may be able to understand the construction and management of batteries in general, be familiar with the requisites for a good instrument, and be able to calculate the measurements, as to amount and quality, of the agent he purposes employing. He must be versed in electro-physiology, for we have static or Franklinic, induced or faradic, and voltaic or galvanic electricity, each form capable of producing specific effects, while all may be made to produce identical results in the domain of physics. The theory that the varieties of electricity produced by the different methods of generation are essentially different is no longer tenable, it having been proved possible, as stated above, to produce all the results with one that can be produced with any of the others. To some extent this is true in electro-physiology. We have Althaus, in 1857, writing: "From these facts it follows that static electricity, whether as the electric bath, or as the common electricity of sparks, or in the shape of the Leyden jar, should not be used therapeutically."—(*London Lancet.*) While in 1881 Dr. Morton discusses "Franklinism," in the *New York Medical Record*, and shows it to be very valuable; also C. W. Magee, in the *Boston Journal of Chemistry*, in the same year, witnesses to its good effects and capability to produce results formerly attributed to galvanism alone. But it must be borne in mind that, although the results produced by each may be almost identical, different physiological effects are produced in the process; and, in the application of electricity to the human organism, the effects of the agent *en passant* must be taken into consideration. Herein we have special indications for a particular form, and a knowledge of the physiological action of these is just as necessary as that of drugs.

But not alone in the kind of electricity do we find a difference in physiological effects. As has been suggested before, the manner in which the agent is applied modifies in a very important degree the results. Under this head must be included the strength of current and length of time employed in its application,—the dose, as it has been called.

This brings us to the consideration of electro-therapeutics. To be curative or beneficial, doses of electricity have to be measured to suit the different constitutions, age or sex of the patient just as remedies for internal administration have to be

given by weight or measure. Suppose a physician were to administer two drachms of sulphate of strychnia to a patient, or one-sixtieth grain sulphate of magnesia, would there be any *therapeutic* effect? The illustration will apply, *mutatis mutandis*, to the use of electricity. It must be admitted, however, the question of dose, as regards electricity, is far from being settled with mathematical precision. Any general rules, as, for example, that galvanism requires a shorter time for its application than faradism, or that applications to the brain demand less time than those to the liver, or to the spine than to the uterus, must, from the nature of the case, be inaccurate and often misleading. The kind and number of cells, the polar application, the frequency of interruption, the coil through which the electricity passes, the temporary susceptibility of the patient, are all points to be considered in deciding the dose. Again, there is an individuality in some cases, from temperamental and other causes, which, as well as the last point just mentioned, modifies the dose, and introduces an uncertainty into its prescription. To enter into the therapeutic uses of electricity in detail would be beyond the design, and carry us beyond the limits, of this paper. We may briefly say that, as a stimulus a sedative and a tonic (any of which it can be made), the indications for its use are many and clear.

If what has been said thus far be true, one or two applications may with propriety be made. It is unfortunate that a therapeutic agent—one of the best and most powerful when properly used—should suffer at the hands of those who should be its best friends. That it does suffer is proven by the fact that so many physicians use electricity by means of short, strong applications, and without any other idea of it than that it is a stimulant. Snch persons, unwittingly it is true, but nevertheless certainly injure the practice for no benefit, and perchance harm ensues, causing denunciation to fall from patient and practioner upon the devoted head of the agent misused. It is also to be regretted that members of our profession so frequently allow, and even advise, patients to "get a battery" and treat themselves. This treating themselves can be done with impunity, or benefit, only in a few cases. The electro-therapeutist sees many a poor unfortunate who, having been induced to buy a battery, finds after a little time that he has been defrauded out of just the price of the instrument, and his expectation of being cured is unrealized.

The old adage in regard to the offspring of "Familiarity" is as true here as elsewhere. If the mistaken impression is allowed to prevail that the application of electricity is so simple as to admit of its being made by the patient or his friends, it very soon follows that electricity is much the same as any nostrum. This leads to carelessness in its application, no benefit from its use, disgust for the agent, and the patient is deprived of a valuable remedy; for, when the electro-therapeutist comes to the case, he finds a deep-seated prejudice, which many times cannot be overcome.

Finally, if this paper shall have shown, in a small degree, the necessity for a thorough knowledge in the medical use of electricity; shall have tended in any measure to elevate the practice more nearly to the plane of science, it will not have been produced in vain, nor will it have advanced an unworthy object.

A CASE OF CHRONIC SUPPURATIVE OTITIS, WITH EXOSTOSIS OF THE AUDITORY CANAL—ABSCESS OF THE BRAIN—DEATH—AUTOPSY.

G. S. MUNSON, M. D., ALBANY.

That a fatal result may ensue from chronic suppurative inflammation of the ear has long been known to aural surgeons, yet it constantly becomes necessary for the specialist to call the attention of physicians to preventive treatment, by which the dangers of a life-endangering disease already in progress may be in early years obviated. The following history furnishes an instructive illustration:

I was called November 8, 1881, in consultation with Dr. Van Derveer, to see Miss K. W. H., 39 years of age, good constitution, but much reduced by anxiety and constant watching with a sick parent. Dr. Van Derveer, having first seen her on the 5th, found her suffering from what was then considered an attack of nervous prostration and neuralgia resulting from a recent cold. She complained some of pain in her left ear. The doctor ordered Brown-Sequard pills, with quinine. Nothing further was heard from the patient till the evening of the 8th. Her symptoms remaining unchanged, I was asked to see her for the ear trouble, and to take charge of the case.

November 8, 9 P. M. Inquiry elicited the following facts: At the age of 5 years, during an attack of scarlet fever, a discharge had commenced from the left ear, which had continued almost uninterruptedly, and had been accompanied by occasional attacks of earache. Otherwise her health has been good. When about 20 she saw her family physician, Dr. Cogswell, who advised her simply to syringe the ear frequently, and thus to keep it perfectly clean. As the result of an extension of the tympanitic inflammation to the Fallopian canal, the facial nerve on the affected side had been partially paralyzed. She was treated with electricity with considerable benefit.

Status præsens: Left ear alone affected. Had vomited during the day, which she thought was caused by indigestion. There was a slight sanious discharge from her ear, but no more in quantity than had existed for thirty years. Examination with the speculum and reflected light was rendered difficult owing to the swelling of the tissues, occluding the canal, while the auricle was blistered from the constant application of camphor. There was little pain within the ear, but the patient complained mostly of a very annoying tinnitus, for which she sought relief. No mastoid symptoms, convulsions or paralysis. Complained of considerable headache, but it was confined to the right side. Thirst great, but relieved with lumps of ice. Respiration normal; pulse 80; the tongue slightly coated. Auditory condition: Loudest voice not heard at all; watch pressed against the auricle and over the mastoid process not heard. Says she has been completely deaf in that ear for thirty years. Eustachian tube leading to the affected ear closed.

The treatment adopted was first an endeavor to open the eustachian tube, but this resisted all efforts with Politzer's bag; the patient refused to allow the passage of the ordinary catheter. At no time during the few subsequent days of treatment was I able to force air into the middle ear, although faithfully tried at my visits. She was also given locally Magendie's solution, to allay if necessary the pain within the ear, and a mild anodyne for nights. The patient suffered so little pain in the ear that at no time was she obliged to use the Magendie's solution. As the tinnitus was in both ears, I thought it probably due to the quinine she had been taking, and so advised a change of tonics. The diet was made as nourishing as possible, and the patient was not allowed to sit up or see friends, for rest and quiet are to

be considered as among the most essential factors in the treatment of ear diseases.

9th, 6 P. M. Passed a comfortable day; pain in the head slight; very little tinnitus; appetite poor, but stimulants agreeing; has taken milk and gruel. Through the night slept fairly well without morphine.

10th, 6 P. M. During the afternoon has had an increase of neuralgic symptoms and a decided chill. Shortly before my visit the discharge from her ear became more abundant, giving relief to her head symptoms.

11th 6 P. M. Patient passed the most comfortable night for weeks; was quite bright, talking cheerfully and reading the evening papers. There was no œdema or swelling anywhere except in the auditory canal and no tenderness. Mastoid region appears normal; complains no longer of tinnitus.

12th, 6th P. M. Had unbroken sleep of six hours during the the night. The otorrhœa slight. Walls of the canal less swollen, so that I was able to diagnose a polypus. Suspecting that the polypus might be confining the pus and producing the neuralgic symptoms, I informed the patient of my suspicions, and that an immediate operation was necessary, also that delay might be serious. She refused such treatment then; thought her ear was in every way much better, and would delay the operation until she had regained her strength.

13th, 2 P. M. Symptoms unchanged. The pain is confined to the right side of her head. I saw her to-day prepared to operate, but, while attempting to probe the ear, she refused further treatment, assuring me that she thought her ear was as well now as it had ever been; was free from pain, and that in her present weak and neuralgic condition she would delay the operation till she had regained her strength. I could only leave, with warning words to summon a physician at the least unfavorable turn in her symytoms. Dr. Van Derveer was informed of the patient's condition, and saw her on the evening of the 15th. Found skin hot, pulse 80, respiration normal, patient restless and complaining of pain on the right side of the head. Did not complain of her ear; no discharge noticed. There were at this time no specially threatening symptoms to arouse the apprehension of the physician, but her general condition seemed about as comfortable as it had been for some days. She was again urged to allow me to perform an operation on her ear to relieve the con-

fined pus, and again refused for the present. At one o'clock that night the mother states that the patient complained of an increase of the pain within her head, and seemed a little delirious. At four o'clock the mother found the patient lying on the floor by the bed unconscious. Dr. Snow responding to the call, at 6 A. M., November 16th, found her with temperature 107°, pulse 110, foaming a little at the mouth, and lying in a comatose state from which it was impossible to arouse her; no voluntary motion. The remainder of her history is briefly told. 6 P. M. I saw the patient with Dr. Van Derveer. The left eye was rolled in towards the nose; the irides did not respond to light; no discharge from the ear; gurgling of secretions in the bronchial tubes and throat. She died at 9 P. M.

Autopsy.—The autopsy, conducted eighteen hours after death, revealed the following, the head being alone examined: The external auditory meatus contained granulating polypoid tissue springing from the sides of an exostosis, which almost completely occluded the canal, the only opening being found with a needle in the superior and anterior portion of the meatus. The exostosis undoubtedly was a hyperplastic growth, the result of irritative processes dependent upon a chronic otorrhœa, and taking its origin from the floor and sides of the meatus close to the membrana tympani; whether single or multiple I was unable to determine. On removing the skull cap, evidences of a former meningitis were discovered on the convex portion of the cerebral lobes. At no point was pus found beneath the dura mater, but the meningeal vessels were large and exceedingly numerous. The removal of the dura showed slight caries of the superior wall of the petrous bone immediately over the semi-circular canals, but no distinct sinus leading to the internal ear could be found. There was then noticed a clearly-defined spot on the meninges at the under surface of the middle lobe, circular, about an inch in diameter, with a central perforation 4 m. m. in length and 1 m. m. in breadth. A probe passed through this opening into an abscess cavity in the middle lobe of the cerebrum. On opening the cavity, there was revealed an abscess the size of a hen's egg, and containing, as near as we could judge, an ounce ot dark greenish, fetid pus. In the nieghborhood of the abscess the brain was much softened, but otherwise normal. The position of the abscess corresponded with the perforation of the dura mater, being directly above the semi-circular canals. The lateral ventricles were normal.

That chronic purulent otitis may become the indirect cause of death by extension to the brain, producing meningitis or abscess within its substance, has for years been known to the profession, and yet some simple remedy, which, *early used*, would prevent such ill-timed results, is entirely forgotten or neglected. In no case is the axiom, "An ounce of prevention is worth a pound of cure," truer than in the history of ear diseases, as every otologist well knows. We cannot doubt that in the case under discussion the fatal result was but the climax of a disease for whose preparation a thirty years' purulent discharge was necessary.

We regret that the temporal bone could not have been obtained for minute anatomical dissection. If the tympanum could have been opened, it is probable all of the parts would have been found in a carious condition, as well as a sclerosed condition of the mastoid cells and antrum, for at no time were there symptoms of mastoid complications.

The indirect cause of death was an exostosis confining the tympanic secretions. The exostosis had been concealed by the swelling of the tissues of the auditory canal and by the polypoid granulations springing from its surface. Yet the bony growth could have been easily diagnosed had not the patient in her weak, hysterical condition positively refused probing. The pathology of this case probably consisted in an acute inflammation, followed by suppuration, which was allowed to become chronic. There then ensued a growth of polypi. Thus excessive granulating tissue became organized into the bony growth. These bony growths may go on increasing in size absolutely without symptoms till complete occlusion of the canal has resulted. Their removal is distinctly indicated when a suppurative otitis is present, and their steady increase threatens to occlude the meatus and cause retention of pus and caries of the bone. If an operation is allowed, it should be performed early. We now know had the exostosis been removed as early as the first day on which I saw the patient it would still have been too late, and impossible to have afforded permanent relief; for, judging from the greenish pus and its quantity found in the brain abscess, already fatal complication must have been in progress.

The otorrhœa, which had existed for thirty years, undoubtedly consisted of a purulent inflammation of the mucous membrane lining the tympanum, with a marked tendency to ulceration. We cannot believe otherwise than that the inflammation had

destroyed the membrana tympani, the ossiculæ and the membranes of the fenestræ leading to the labyrinth, thus making of the meatus, tympanum and labyrinth one cavity. From the cavity of the labyrinth there are only two canals of considerable size leading to the brain,—the internal ear canal and and the aqueductus vestibuli. It is a noticeable feature in this case that the pus did not find a passage from the labyrinth by these channels, but worked its way through the roof of the bone immediately over the semi-circular canals where the petrous portion is especially thin, and there to produce pacymeningitis, with perforation and a direct abscess of the middle lobe.

EDITORIAL.

—Medical Legislation, 1882.—In the beginning of the past session it was believed by many earnest workers in the cause of medical improvement that great good would come from the amendments suggested to old laws, and the enactment of new ones, to the profession as a whole. It was thought that the legislature, divided as it was on all strictly political questions, could be relied upon to work for the public good, in the better protection of the well-educated physician. This, to a certain extent, was found to be the case; but, when the session became well advanced, it was evident that the modest medical reformers would be compelled to give way for those who by greater push, daring and cheek, perhaps past legislative experience, needed the time of our lawmakers for their own especial schemes. Much was entrusted to the Legislative Committee from the State Medical Society. Through the earnest work of Dr. F. R. Sturgis, of New York, and others, it had been found by prosecutions against irregulars or quacks that the law of 1880 was very defective, especially that portion defining a misdemeanor and its penalty. The latter was proven to be altogether too lenient; in fact, many who were arrested, practising without any authority whatever, would, on conviction, pay the fine, and after a time enter again into their unlawful work. Amendments to the law of 1880 were presented to both the Senate and Assembly, and received the endorsement of the better men in the committee to which they were referred. The Committee on Legislation from the State Society were requested and appeared many times before these respective

committees, being granted a patient hearing, and much time was consumed, always being assured that the educated physicians of this State deserved and would receive rightful, lawful, just protection.

It is proper to note that the opposition presenting at each one of these hearings came entirely from the eclectics, the magnetic doctors, the clairvoyants, the "rubbers," the odds and ends of every thing possible in the far-fetched reign of medical practice. Their arguments and assertions were sad to listen to, possibly to say at times they were amusing, but never impressive. Finally, when it became somewhat clear that medical progress was to gain a grand victory, and in the end become successful, their champion in the Assembly, Dr. Fenner, succeeded in getting introduced a bill in the Assembly for the prompt repeal of the law of 1880. To combat this required several additional hearings, carrying the session so far along that the defeat of all good medical measures was secured.

There are some lessons to be learned from the work done during the past winter. One of the amendments to the law of 1874, requiring a knowledge of Latin on the part of the student entering his medical studies or college, in addition to a good English education, received a prompt opposition from the Dean of the most prominent medical college in the State.

Another fact was demonstrated,—that the profession are in humor and ready for a State board or boards of examiners, by whom every graduate must be examined before entering into practice. This board or boards must necessarily be a mixed one.

We would suggest to the chairman of the Legislative Committee from the State Society, Dr. William H. Bailey, that he call together the members of his committee, and by the aid of a superior lawyer frame amendments and entire laws such as seem needed, profiting by the experience gained during the past winter, receiving suggestions from all in the medical profession who have had any thing to do with medical legislation in the past, and then have such bill or bills promptly introduced at the beginning of the next session.

At the same time it would be wise to have a synopsis of the changes desired, in the form of a circular, sent to every recognized physician throughout the State. In this way an impression could be made upon our Senators and Members of Assembly that would ensure success.

Medical laws in the State of Illinois work for the good of the educated physician. Why cannot we in the Empire State move upon the same high plane of medical progress?

—The New York State Pharmaceutical Association held its fourth annual meeting here June 20–23. Though so recently organized, it has a membership of five hundred, a good number of whom were present. While not developing many strikingly new points, it was a very satisfactory meeting. A number of good papers were read, prominent being one by Prof. Bedford, of New York, on pharmaceutical education, and others on pill coating and excipints. A number of queries proposed for answer next year show the opportunity for practical instruction in the daily work of the druggist, and, more than this, the development of the interests of this profession in general which can be done by society combination shows the value of such an association. The medical profession is interested in its success. Their appreciation of Dr. Huested was shown by his re-election as president.

—Dr. George S. Munson has taken the office long held by Dr. Stevens, and it will continue to be an ophthalmological spot.

—The Vest-pocket Anatomist, by C. H. Leonard, M. D., Detroit, is worth having, as a remembrancer, and especially to medical students. A copy from its eleventh edition is before us. Bound in cloth it is sold for 75 cents.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Eighth regular meeting of the Medical Society of the County of Albany held February 22, 1882.

The meeting was called to order by the President, Dr. J. S. Mosher.

The minutes of the last meeting were read and approved.

A paper entitled "The Dangers of Long-continued Use of Lime Water with Milk," by Dr. X. T. Bates, of New Lebanon, was read by the secretary. Two cases were reported, both of typhoid fever, in which ill effects were attributed to the use of lime water and milk. In the first this diet was principally used; during convalescence she was taken with attacks of abdominal pain; enemata failed to effect free catharsis, and after ten days, during which the pains were frequent and severe, she died. Death was attributed to intestinal obstruction due to a cement formed from

caseine and lime. The course of the disease had been attended by no unusual symptoms. The other case was one of severity, the temperature running high, with marked prostration, calling for supporting treatment. Milk was taken freely, with the addition of a tablespoonful of lime water to each tumbler. When well on in convalescence, she was taken, as the other patient, suddenly with a paroxysm of abdominal pain, and a subsequent recurrence of it. The rectum was found filled with dry, stony-hard fæces, when broken having a gray, glistening look, resembling cement. These were removed mechanically every day, the paroxysms recurring for eight days, when they ceased and she recovered. An article was quoted which showed a durable cement to be made from caseine and lime, which suggested the theory of these two cases.

Dr. CURTIS said: If we accept the results adduced by this paper, we must discontinue this article of food. Our experience shows no harm in the use of this combination as a diet. I use it in larger proportions than half an ounce to a glass of milk. Some one has called attention to a valuable fact, viz.: that milk should not be taken in large draughts at one time, but in small quantities repeatedly. Large amounts form large curdled masses, which may be hard to dispose of.

Dr. SNOW thought other things might have produced the same symptoms detailed in the paper; he should be slow to give up milk and lime water on the report of two cases. No post-mortem was held in the first case, and we have no positive evidence of impacted fæces. In the majority of cases of convalescence from typhoid fever I find the fæces in small, hard lumps. Lime water rather prevents the coagulation of the milk, and prevents the formation of masses.

Dr. BARTLETT advocated the use of milk in teaspoonful doses. He also, in this connection, spoke of a family of which several members had suffered from exostoses of the jaw, which they had attributed to the use of lime water. He asked whether this were possible.

Dr. COOK thought the advantage derived from teaspoonful doses of milk was simply due to the fact that the milk is warmed before swallowed. Cow's milk curdles more quickly than mother's milk. To prevent this he uses Dr. Jacobi's plan of mixing the milk with barley water. Barley water acts mechanically in dividing the particles of milk. There is so little lime in lime water that the quantity taken to produce mechanical troubles by its presence would be enormous. The theory advocated by Dr. Bates is, in my opinion, untenable.

Dr. BARTLETT read a paper on "The Medical Use of Electricity." In reply to questions by Dr. H. V. Hull, Dr. Bartlett said that from 30 to 35 cells are enough for all ordinary uses of electricity, and that, on the whole, for general use, he preferred the Drescher battery to any other.

Dr. G. S. Munson read a paper on "Otitis, followed by Abscess in the Brain," and exhibited a post-mortem specimen obtained from this case. The paper was discussed by Drs. Snow and Hull.

On motion the subject of Diabetes Mellitus was made the topic for the next meeting, and Dr. F. C. Curtis was appointed to read a paper on this subject.

T. FEATHERSTONHAUGH,
Secretary.

NOTES AND COMMENTS.

Another case of poisoning by chloroform is reported in the *Canada Lancet*, this time in mixture with ether. No impediment to an anæsthetic was found, and its profound influence was not induced. Without warning, the patient suddenly gasped and died. There was no autopsy.

Nitroglycerine has been found by Dr. Ferguson, of Glasgow, effective for the relief of a stubborn case of sick headache. One minim of a one per cent. solution was given three times a day, gradually increased to two minims. There was at first considerable discomfort from giddiness and nausea, but no vomiting.

Syphilis from skin grafting is a possibility, as shown by a case reported in the *British Medical Journal*. Grafts were taken from several different persons, and, some of them taking, cicatrization was proceeding rapidly, when grayish ulcers appeared, followed ten weeks after the first grafting by a roseola and subsequent syphilis. One of the contributors had a chancre a year and a half previously, with mucous patches around the anus.

Fuchsine in Bright's Disease.—This remedy has been used extensively by Dr. Renzi, of Geneva, given in pill form, .025 gram (5-12 grain) twice a day. There was at once a noted diminution of the albumen and dropsy. The urine was colored for some days. No result followed in one case. Similar experience was had by Brochut, of Paris. In every case albumen disappeared rapidly and entirely, the treatment generally lasting from four to six months. Dr. James Sawyer has used it mostly in cases of contracted kidney, with good results and no untoward physiological effect. It colors the mucous membranes of the digestive organs a deep red and also the plasma of the blood, due to its presence, not to blood change.—*Canada Medical and Surgical Journal.*

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. AUGUST, 1882. No. 8.

THE DISEASE OF INEBRIETY.

T. D. CROTHERS, M. D., SUPT. WALNUT LODGE, HARTFORD, CONN.

Inebriety was recognized as a disease long before insanity was thought to be other than spiritual madness or a possession of the devil. Those who assert that inebriety is always a vice, and that the disease theory is only an "ism" of our times, are merely advertising their ignorance of both the past and present history of the subject. The term inebriety expresses the general disease, of which the excessive use of alcohol is always a symptom. Alcoholism is a term used to designate a special class of symptoms coming directly from the toxic use of alcohol. Drunkenness may mean or designate any state that follows directly or indirectly from alcohol. It has no definite meaning, and should never be used in scientific parlance. Dipsomania and mithomania are special forms of inebriety, marked by an incontrollable impulse for alcohol, of limited duration, and with distinct free intervals of sobriety.

Alcohol is not the only cause of inebriety, but in a large number of cases the use of this drug is only a symptom of central nerve degenerations. From conditions more or less unknown, the use of alcohol (or any of its compounds) has been found to relieve some state of exhaustion, and it use afterwards is demanded as positively as food is called for to supply the nutrient wants of the body. The state is similar to that of the neuralgic who finds perfect relief from some form of opium, and this revelation is never forgotten or ignored. In a large proportion of

cases alcohol merely explodes diseased states giving form and direction to what might have been insanity, paralysis, rheumatism or any of the various forms of diseases of the heart and lungs. From inheritance come all the degrees of exhaustion, feeble powers of resistance and inability to recover from any strain or loss, associated with special tendencies to certain forms of degeneration. Traumatism is another field of cause almost unknown. Psychical traumatism, where the effects of powerful emotions and conditions of nerve trepidation and exhaustion from mental causes are followed by changes and diseased states as clearly traced as tangible lesion of the surface. Every inebriate is suffering from both a physical and psychical disease, beginning from definite causes, and following a regular progressive march, from stage to stage, to either recovery or death. Every inebriate who walks our streets is a more wonderful subject of both pathological and psychological study than any other disease known to science. The range of symptoms crosses and recrosses that mysterious border land of health and disease, sanity and insanity, and often baffles the profoundest intellect to trace its march. Yet in all cases the natural history and outline of progress can be made out, and the general principles of treatment ascertained and applied.

Inebriety is curable in its widest sense. Not by any specifics or class of medicines, appeals to the pride of character or the religious emotions of the patient, or the faith and will power, but by the exact application of physical means suited to the wants of each case, along the line of natural laws. The inebriate is a sick man, and must be studied and treated as such. The causes of inebriety and the many complex forces and influences, whose effects are emphatically physical, must be studied for the indications of the form of treatment necessary. To accomplish this the patient must often be quarantined as in case of yellow fever. All the surroundings and conditions of life must come under the direction of a physician. He must be in an asylum where all the sanitary causes can be effectually removed, of which alcohol may be often an insignificant one. Here the building up process and rest essential to give the natural energies opportunity to become restored can be most effectually carried out. All the means known to science can be gathered and applied in an asylum or home under the care of a physician better than elsewhere. Our peculiar civilization is becoming more and more

charged with the germ causes of inebriety, and statistics show that it is increasing far in advance of the ratio of growth of the population. The time has come for a general scientific study of this subject by the medical profession, above the superstitious levels of reformers and clergymen's labors. The medical profession should teach what inebriety is, and how to cure and prevent it, and not clergymen and inebriates themselves. It would be equal propriety to trust to clergymen and the views of those who had recovered from typhoid fever for information about the nature and treatment of this disease. Yet there are many physicians who practically endorse the most absurd theories of the nature of inebriety, or stand aloof and sneer at all efforts of every kind to reach this evil. The agitation of churches and societies to find some remedy is an unmistakable evidence of the stage of superstition, of one of the great scientific advances of the century. This is the opportunity for medical and scientific men. A new land, whose mountains, lakes and rivers are all unknown, opens up its mysteries for the pioneer. Already many men all over the world are entering this field. In Germany last year over one hundred papers and lectures were published devoted to this study. In France and England over a hundred more were published, treating the subject from the side of science alone. In this country inebriety as a disease is more thoroughly known and understood than in any part of the world. Yet the literature is very imperfect, and, like the study, in its very infancy compared to what it will be in the future. The great central truths upon which all the studies, both past and future, will revolve are that inebriety is a disease, and is curable as other diseases are. From this standpoint the profession everywhere is called upon to make accurate clinical studies of cases, and bring out the great laws of inebriety which shall supplant the ignorant dogmatism of enthusiasts and reformers.

Iodoform in large quantity has been found poisonous, two deaths referable to it having occurred. In one, after resection of the elbow, the cavity was packed with it, 150 to 200 grammes being used, no more than had been often used before. Cerebral disturbance, first excitement, then depression followed, and he died on the fifth day in deep coma. The other case was similar. Cerebral depression and muscular weakness are produced on animals poisoned with iodoform. Caution is advised in its use on the old and feeble.—*Chicago Medical Review.*

MENINGEAL DISTURBANCES SIMULATING TYPHOID FEVER, WITH REPORT OF CASES.

T. KIRK. PERRY, M. D., ALBANY.

If there be any two or three diseases which, in their earlier stages, are liable to be confounded the one with the other, they are meningeal, cerebro-spinal and typhoid affections. I believe that in the cases to be reported the usual order has been reversed, and, instead of having to report a series of typhoids with meningeal or meningo-cerebral complications, I have to enumerate a succession of cases treated during the past year, all of which I hope to prove were confined entirely to the meninges, yet which savored so strongly of typhoid as to have led at one time in their history one or two of our ablest diagnosticians to that diagnosis. I am not oblivious of the fact that a noted authority, when speaking of meningitis, says: "The statement of a practitioner who has seen any number of cases of meningitis must be regarded with suspicion." But I can only state the facts of the cases and my reasons for the diagnosis.

Case I.—Meningo-cerebral hyperæmia; recovery. Mrs. D., aged 23, mother of one child; physique splendid, previous health excellent, and no special family history; complained first of some headache and general malaise July 4, 1881. I was in attendance at that time on her child, and did not pay especial attention to her condition. July 5, her symptoms were brought more prominently to my attention by the fact of her inability to attend to household duties. She at this time complained of a most intolerable general headache, with thirst, anorexia and great depression. Had been slightly chilly the night of the 4th, and saw a very little blood on pillow, which was supposed to be from nose. Vomited once, and still felt nausea when head was moved. Was called to see her on evening of same day, and noted at this visit a temperature of 105°, conjunctiva much injected, with small pupils and marked photophobia; pulse 105, tongue furred, but moist, urine scanty, bowels constipated and great disinclination to answer questions; respiration 16 and sighing. Ordered a laxative and cold applications to the head. July 6, A. M.; passed a restless night, talking and muttering incoherently most of the time. Temperature 105°, respiration 13, pulse 120, lips and tongue dry, the latter protruded indifferently; abdomen

slightly distended, but not sensitive, and bowels a trifle loose, color very dark. The slightest sound or ray of light disturbed her; mind confused, and the constant complaint, "Oh, my head!" Ordered a drachm of the following to be given every three hours: Chloral and Brom. Pot., aa ʒ ij; Ext. Hyoscy. Fl., ʒ ij; Tr. Verat. Vir., ʒ i; Aquæ, ad. ℥ ii. Also ordered a Chapman's bag filled with ice to be applied to the head. Afternoon, much the same, except more stupid and temperature one-half degree lower; had not been quite so restless. July 7, A. M.; night had been passed more quietly, but no sound sleep; sighing still continued, and respirations 12, temperature 104.5° and pulse 140; tongue dry and cracked, lips same, bowels constipated, but swollen, urine scanty, slightly albuminous and filled with lithates. P. M., temperature 104.5°, mind confused and headache severe; cutaneous hyperæsthesia quite marked. Ordered blisters to neck and back of ears, and substituted Tr. Verat. Vir., gtt. v, Tr. Aconite Rad., gtt. iv, for chloral mixture; also hot fomentations to abdomen. July 8, A. M., temperature 104°, pulse 130, respiration 16. Passed a loose, lightish colored stool; urine scanty, abdomen somewhat tympanitic; photophobia and hyperæsthesia about the same; headache better, but no disposition to answer questions. Slept quietly two or three hours at a time during the day. July 9, A. M., temperature 103°, pulse 110, respiration 19, tongue and lips still dry; bowels had moved twice in night; urine scanty; diminished the febrifuge and continued ice. P. M., slight improvement; would open eyes when addressed, but spoke in a confused way. July 10, A. M.; had passed the best night of all; still complained of headache and heaviness of limbs, also shooting pains in lower extremities; voided more water, bowels still loose; temperature 103°, pulse 100, respiration normal. P. M., about the same, though more willing to converse; brain symptoms evidently abating. Stopped the aconite, continued ice, increased the nourishment. During the next five days affairs remained nearly stationary, but tending toward improvement. No medicine during this period; nourishment and stimulants increased and a tonic medicine given. Eventually recovery was complete, with no untoward symptoms. Loss of flesh was very great. The symptoms seemed to warrant a diagnosis of cerebral disease.

Case II.—A widow, intemperate and of bad sanitary surroundings. For some ten days before she was seen she had daily

chills, followed by fever and sweat; also headache and vomiting and loss of sleep, protracted for days. Attempted to get about her work, but found herself too weak. The bowels were alternately loose and constipated. Her condition September 21 was about as follows: Features somewhat pinched and a stolidly indifferent look to countenance; skin icteroid, conjunctiva injected, pupils small, photophobia, tongue dry, sordes on teeth, temperature 102°, pulse 70, respiration 15, mind confused; general hyperæsthesia, but most marked about chest and neck. Feeling of bowels about normal, but detected gurgling in right fossa. Bowels constipated, urine scanty, no albumen and a general appearance of emaciation. Would mutter constantly, but no real sleep; had to be urged to take nourishment. This was about ten or twelve days from first complaint. Ordered a mercurial laxative, blisters to neck and ice to head. Next morning she was considerably brighter. Prescribed mixture of chloral and bromide. Temperature 102°, pulse 70. 23, A. M.; Had passed again into a stupid state, but could be aroused; very little urine and nothing passed from bowels; tongue and lips very dry; had no rigor since my first visit, and was now too stupid to make complaint of even headache. Continued cold to head, and gave another dose of calomel and iodide of potassium, 10 grs. q. 4. h. 24, A. M.; two small stools from day previous; urine scanty and passed involuntarily and general condition extremely discouraging. P. M., consultation, at which my diagnosis of acute meningitis was upheld and treatment approved. During the next four or five days there were no special symptoms to note; the temperature fluctuated between 101 and 102°; pulse at 50 to 55, respiration 10 to 13, sphincters relaxed, fluids allowed to remain in mouth until they dribbled out. A post-mortem examination of the brain only was allowed. The external surface of the dura mater was rough. The vessels were engorged. The arachnoid was opaque, contained a little serum, and beneath it was a thin layer of recent lymph. Section of the brain showed nothing abnormal. There was a little serum in the lateral ventricles.

Case III.—Negro, aged 32, an unusually strong man, somewhat irregular in habits. After a week of apparently rheumatic pains, not so severe as to keep him from work, he was quite suddenly, while stooping, seized with intense and persistent pain in the head, and it was with difficulty that he reached home. This, with weakness in the limbs, soreness in the muscles of the neck

and nausea were his symptoms when seen. Temperature 102°, hyperæsthesia of extremities, abdomen tender, bowels constipated. Gave bromides and applied ice to head. Mind clear at first, but after a few hours he became stupid, speech thick and tongue dry; gurgling in fossa. Gave bromides, applied ice to head and blisters to back of neck. 13th, mind wandering, and fell on attempting to get out of bed. Conjunctiva injected and pupils small; opisthotonos marked. 14th, could not be aroused nor made to swallow. Tongue dry and cracked, sordes on teeth, bowels not open and water passed in bed, head more drawn back and abdomen markedly retracted. Begins to emaciate. Temperature 101°, pulse 50, respiration 8. For the next four days his condition became even more hopeless, and death was expected hourly. He had long since ceased swallowing, and was being nourished by enemas of milk, beef tea and brandy. He lay with mouth and eyes wide open, conjunctivæ glazed and cornea dull, pupils widely dilated, no strabismus. After five days of this coma he began to recover consciousness slightly, and in a few days could express his wants, though he could not articulate, but lay muttering to himself, and appeared bewildered. Stimulants were pressed, and he gradually day by day gained in speech and mental power. He was very greatly emaciated, and his countenance cadaveric; abdomen deeply sunken. He recovered entirely so as to walk out after seven weeks, his legs being still, however, stiff and weak. No medicine was taken after the first four or five days. My diagnosis was acute meningitis, probably involving the upper part of cord.

Case IV.—Acute meningitis, with sero-plastic effusion; death on 36th day. T. M., male, aged 13, excellent family history and previous health good. Returned from work on the night of October 14, 1881, feeling out of sorts; ate no supper and in the evening vomited. Later complained of being very cold, and vomited again. Restless all night and constant cry of headache. During the 15th he remained about the same. I was called next day, and found him with his head thrown back, conjunctivæ injected, pupils contracted, temperature 103°, pulse 85, respiration normal, tongue dry in centre, moist about edges, teeth and lips dry, skin parched, bowels constipated and some pain in right fossa, with gurgling; kept turning from side to side and moaning at intervals. Would reply yes or no to questions, but nothing further. Hyperæsthesia of skin about neck, chest and arms and

great intolerance of light. Diagnosed meningitis, and began treatment with 5 grains of calomel every 5 hours and ice to the head. 17th, seemed better, not so restless and less headache; temperature 103°, pulse 90, respiration normal. Bowels had moved three or four times, loose and dark, urine scanty, high colored, no albumen. Discontinued mercurial, blistered neck, and prescribed Kalii Brom., Kalii Iod., aa grs. x every 5 hours. 18th, little change; temperature 102°, pulse 90, respiration 15 and sighing. Slept only an hour or two at a time, but lay day and night almost motionless, occasionally turning in an automatic way. Bowels constipated, abdomen sunken, gurgling still present; urine passed with difficulty, scanty, no albumen; there was some cough. 19th, no improvement; symptoms about the same. Consultation confirmed diagnosis and treatment. Counsel remarked the resemblance to typhoid or typho-malarial types of disease, but still agreed to meningitis. 20th, more comatose. Not more than a teaspoonful of nourishment swallowed at a time, and we began enemas of milk and beef tea. Ice discontinued and blisters reapplied. Temperature 101°, pulse 95, respiration 12, tongue dry and brown, lips cracked and teeth covered with sordes. No strabismus or twitching of any part of the body; pupils slightly dilated and water passed unconsciously. Ceased the iodide mixture, and began giving 5 grains quinine in bourbon every four hours. The effect of this seemed beneficial, as in twenty-four hours he was brighter. For the next ten days he was given above treatment, the alkaloid being reduced to 2 grains every four hours and enemas twice a day, with all the stimulants and nourishment he would swallow, which was very little. The temperature during this period varied very little from 101°; tongue dry and teeth were never free from sordes, and he always lay with eyes closed. The conjuntivaæ were reddened almost to inflammation, cornea dull and pupils alternately dilated and contracted. About the twentieth day of his illness he began again to sink into a deep stupor, with occasional somewhat lucid intervals, and died, profoundly comatose, sixteen days afterward. During this period his temperature remained about 101°, pulse 85 to 100, respiration 10 to 17. Bowels constipated and abdomen shrunken, teeth, lips and tongue dry, mouth wide open, pupils dilated, emaciation extreme. Four physicians saw him with me at different times, two of whom agreed with me in every particular, one was in doubt between

my diagnosis and tnbercular meningitis, and the remaining one talked typhoid first and last. There was no autopsy.

Case V.—Meningeal hyperæmia—recovery. J. H., a porter, aged 35; first seen November 8. He had been in the house for nearly a week, and had been complaining for a month. His features were pinched, skin sallow, tongue moist, abdomen tender, especially in inguinal region, temperature 103°, pulse 85, respiration normal. The especial complaint was pain in head and neck, agonizing and constant, worse at night and aggravated by light and the slightest movement of head. Had met with no mishap; previous health good and habits excellent. Pending a diagnosis, I prescribed kalii brom., chloral and morphia internally and ice locally. 9th, no amelioration of headache, neck very sore and head retracted. Marked photophobia, with reddened conjunctivæ. Increased bromide and chloral to 20 grains each every three hours; ordered sinapisms to neck and continued ice to head. Examination of urine negative. Was sent for in the night, as he had become somewhat violent, and found him tossing about the bed and moaning piteously. Would reply to a direct question, but immediately lapsed into silence. Temperature, pulse and respiration about the same. Gave him a hypodermic of $\frac{1}{2}$ grain of morphia. 10th, easier; had slept three or four hours; begged for another injection, which I gave—$\frac{1}{4}$ grain. Temperature 102°, pulse 85, tongue somewhat furred and a little dry. Stopped previous medication, and as he objected to ice discontinued that; another $\frac{1}{4}$-grain injection in evening. 11th, no especial change, but had to increase morphia, as headache seemed to be coming back. Could not bear to open eyelids for an instant. Ordered blister to back of neck. 12th, no change apparent; had not slept during the night, but more quiet. Bowels moved twice since evening before; matter dark and thick, urine scanty and very dark. Morphia $\frac{1}{4}$ grain, under skin, twice a day; no other treatment. 13th, condition same and bowels still moving; color lighter. Temperature 101°, pulse 80, respiration 15. 14th, begins to feel easier, and sleeps a portion of the night; can as yet bear no light; conjunctiva red and pupils small; no movement of bowels. 15th, still continues easy, and suffers no pain in abdomen, which is retracted. Can do with $\frac{1}{4}$ grain of morphia morning and night. Very slight variation for the next two weeks. He could at no time raise his head without screaming, so great would be the pain, and his

wife was obliged to help him turn in bed. Gradually, however, all this was overcome, and in forty-two days from my first visit he was practically well, though it was a month more before he was able to make the slightest attempt at work. The temperature during his illness fluctuated between 100.5 and 108°, the latter but for a short period. There were at no time marked remissions or exacerbations. The pulse was for the most slow and full, averaging about 80. The tongue was dry at times and lips cracked, but sordes never collected, and in mental condition simply obtuse. It seems to me that this, more than any other of my reported cases, offers scope for latitude in diagnosis, but as the symptoms seemed so plainly meningeal I adhered to that diagnosis.

Many will disagree with me in the matter of diagnosis, and this because of already expressed reasons, and the very great prevalence in our community of a class of troubles variously styled malarial, typho-malarial, gastro-malarial and typhoid. But, as I have every reason to believe I have seen a fair number of zymotic and septic troubles at one time and another, and never having seen any that I could class with those reported, I report these cases for information. [See discussion in Minutes.]

CASE OF PROGRESSIVE MUSCULAR ATROPHY.*

T. B. VAN ALSTYNE, M. D., ALBANY.

E. McC., female, aged 19, dressmaker, was admitted to Albany Hospital February 26, 1879, giving the following history: She was married at the age of 14. Four years ago she became pregnant, but miscarried during second month, as the result of a fall down stairs. Has complained more or less ever since of nausea and pains in stomach, abdomen, head and eyes. Menstruation was regular until three months ago, since when there has been no flow, but the menstrual period has been marked by pains in back, thighs and feet. In July, 1878, she had metritis.

In the latter part of August, 1878, had pain in left arm, coming on about 5 P. M., and not ceasiug until the following noon. These pains continued until the middle of September, when they disappeared, and it was found that the arm was very much wasted and almost useless. Early in October she lost the use of

*Reported at a meeting of the Albany Academy of Medicine.

the right arm without the occurrence of pain. Pains between the shoulders and along the sides and thighs were now complained of. She suffered from dyspnœa and walked only with great difficulty. There was formication and muscular twitching all over the body and head, the latter being hot and tender to the touch. In January, 1879, the pains were confined to the feet and legs, but after a few weeks they disappeared, only to return for short periods. On admission, in addition to these occasionally occurring pains, which were very severe, there was headache, transient œdema of face and posterior aspect of forearms, and constipation, due to the use of morphia for relief of pain. Is very much emaciated. Muscles generally, but especially the extensors, are greatly atrophied. Is unable to move any part of body except the head, which she can turn slightly from side to side on pillow, and fingers and toes, which she can move slightly. Prof. E. R. Hun assumed charge of the case, diagnosed progressive muscular atrophy, and prescribed treatment as follows: ℞ Ext. aconit. fld. ʒ ss.; ext. gelsemii fld. ʒ i.; sodii salicilat. ʒ ii.; infus. gent. co. ad. ℥ iv. M. Sig.: A teaspoonful every six hours. Faradization of muscles generally to be made twice a day, each sitting to last 15 minutes; Stokes' liniment (℞ Ol. terebinth. ℥ iii.; acid acetic ʒ v.; aquæ rosæ, ℥ iiss.; ess. limonis, ʒ iv.; ovi vitell. No. i. M.) to be applied with friction to the surface. After three weeks the internal treatment was discontinued, on account of the gastric disturbance which it occasioned. The faradization was very thoroughly applied, and improvement was rapid. April 15, 1879, patient is able to raise herself in bed, first on her elbow, and finally to a sitting posture. April 28, she is able with very little assistance to walk across the room. The muscles are becoming more prominent, but the extensors are still very much wasted. June 15, is able to be around the ward dressed the greater part of the day. General condition good and strength increasing daily. June 29, 1879, discharged cured. In January, 1880, was seen by Dr. Sheldon Voorhees, of the resident staff of the hospital, and reported by him to have had no relapse.

In reporting this case Dr. Van Alstyne said: The causation of this disease is very obscure. The lesions are undoubtedly situated in the nervous system, but whether peripheral or central is not so well settled. Cruveilhier, who first discovered the disease, and after whom it is sometimes called, found atrophy of the

anterior roots of the spinal cord, and believed that here was the locality of the lesion. Later writers have taught that it is a disease of the trophic nervous apparatus. In reference to faradization, the current should only be strong enough to move the muscle, and not continued long enough to produce fatigue. In case this current does not produce motion, a mild interrupted galvanic current should be used. Friction and shampooing are useful aids to the local treatment. Roberts, from an analysis of 105 cases, concludes that the mean duration of cases ending in recovery is one year and two months; of cases ending in permanent arrest is two years and three months, and of cases ending fatally is five years and two months. Of those cases which recovered the longest duration was two years and six months and the shortest eight months. Of cases proving fatal the longest was twenty-three years and the shortest twelve months. As the prognosis depends so much upon how far the disease has progressed, an early diagnosis is desirable.

During the discussion of the paper, Dr. Jno. Ben. Stonehouse said: The theory of the peripheral origin of this disease has been almost universally abandoned. In this case I should judge that, in the absence of other data, the disease could be traced back to the fall which occasioned the miscarriage one year after marriage. This would make the duration before treatment somewhat longer than is usual in cases which recover. Altogether the case is an interesting one, and shows the advantage of a steady, patient adherence to the treatment, and should warn us against becoming discouraged too soon. No internal treatment has been found of any benefit, except for the relief of complications, etc. I have seen several cases, only one of which has been improved by treatment. The others (most of them being dispensary cases) sought relief only when it was too late.

In answer to a question by Dr. Ritzman as to the diagnosis from infantile spinal palsy, Dr. Stonehouse said that the latter disease developed suddenly, the paralysis being primary, while progressive atrophy rarely attacks young children, has more or less of a prodromic stage, as in the case under discussion, and its paralysis is secondary.

Dr. E. A. Bartlett said: I have seen two cases. The first died in three years; the second only began to improve after long persistence in the use of electricity. He advised a tonic treatment with faradization.

EDITORIAL.

—Disinfection.—While it is known that there are diseases which are the effects of infection, our knowledge of the true nature of infection is yet unsettled. It has been faithfully studied and many theories propounded, but to follow any one of them brings one face to face with facts which cannot be easily explained. We know that infection is associated with decomposing animal and vegetable matter. Putrefaction is believed to be a fermentative process, and fermentation is with good reason believed to be dependent on chemical changes brought on by the presence and growth of microscopic germs derived from the air. The theory, then, has met with extended support that infection consists in the germination upon a spot favorable to it of microscopic bodies, endowed with vitality, and, reproducing themselves, effect the derangement peculiar to the variety of germ deposited. Some observed facts oppose this theory, and the attempt is made to avoid them by attributing infection wholly or in part to decomposing matter simply. Very few, it will be observed, whether disciples of Pasteur or of Liebig, but believe that, whatever be the nature of infection, it flourishes best in the presence of decomposing matter. There are not many to-day, however, who are ready to attribute infection to it alone.

The matter of disinfection ought to be helped on by a solution of the question of what the infection matter is. No one, however, would trust to theory here without putting it to practical test along side all the methods. Most disinfectants act either by oxidization or by arresting decomposition. Carbolic acid and the mineral salts are the principal agents acting in the latter method. The former is, however, when complete, destructive and far preferable. We have all long known the purifying property of a constant supply of fresh air. It has been thought that its method of action was by dilution of infectious air to a degree which made it innocuous. This is not, however, the case, and certainly would not be allowed by those holding the germ theory, but rather, by the abundance of oxygen brought, it carries decomposing matter through its changes rapidly, and so prevents the production of infectious matter. In the same way water purifies itself in a running stream. No method of disinfecting houses is complete without this thorough ventilation

as part of it. But it is too long a process to trust to alone. Chlorine disinfection is, and has long been, the method upon which chief reliance is placed. Ships at quarantine and houses by health boards are purified after infectious diseases by this. It is not the chlorine, but the ozone generated along with it, that works the destructive effect. Frequent inquiry is made for the details of this process, and, having had occasion to use it many times, we are led to give them:

From the house to be disinfected there should first be removed and burned all articles that have been closely about the patients, such as bedding and clothing, especially if of slight value. It has never seemed necessary to insist on destroying feather beds, loss of which is a hardship to poor people. They should never have been kept on the sick bed; but, in the writer's experience, may be trusted to disinfection to purify. These should be emptied and spread on a sheet, and all furniture, carpets and other articles arranged to allow the free admission of the gas. Metals unless removed will be rusted; domestic animals are also to be taken away. All apertures are to be closely stopped, and in the centre of each room one or more good-sized earthen vessels, as wash bowls or chamber vessels, are to be set. The materials to be used are black oxide of manganese, salt and sulphuric acid. The chemical proportions of the two former are, by weight 44 parts of the first to 59 of the second. Some study has shown that the proportions by measure, which it is often convenient to know, are $10\frac{1}{2}$ to 22. Of this mixture one pound requires one pound of the acid, or about $8\frac{1}{2}$ fluid ounces, the common commercial being used. This will be enough to fumigate two or three small rooms. Mix the salt and manganese well, breaking up lumps, and add water enough to give the consistency of cream—about a gill to the pound. Pour a few ounces of this into each vessel, and every thing being ready, beginning with the remote rooms, pour the acid from a pitcher upon them in succession. A handkerchief had better be held over the nose and mouth to keep out the rising fumes. After being closed up eight hours a little more gas may be generated by adding more acid. The house should then be thoroughly aired for days, washed and whitewashed, taking care to reach the tops of lintels. Woodwork, and especially cracks, may well be saturated with a solution of carbolic acid and sulphate of zinc. The contents of the rooms demand a like cleansing and airing. After such usage the

house may be given a clean bill of health, provided the origin of infection has been removed. Not only after small-pox, but also after virulent type of diphtheria and scarlatina, especially met with in the country, this ought to be used. There are doubtless many of our readers to whom the process of fumigation is not familiar. It is well to learn how infection produces disease; meanwhile it is well to know by what means the contagion may be destroyed.

—"WHAT TO DO IN CASES OF POISONING" is the suggestive title of a very complete little pocket-sized book, by Wm. Murrell, M. D., lecturer on materia medica at the Westminster Hospital, London, and just published by Geo. S. Davis, Detroit. It is very painful to be called in to a case of poisoning and not know what to do. Most of us will see but few cases in a lifetime, and will carry in mind but few of the antidotes, yet the urgency of the case gives little time for reference. No subject is more properly treated in the hand-book style. Too much cannot be said in praise of the matter of this book and of its arrangement. It is, too, very complete. The price, a dollar, seems excessive, but doubtless we may be placed where five would seem too little. Every one should have a copy at hand.

—THE *Illustruted Quarterly of Medicine and Surgery*, edited by Drs. Fox and Sturges, of New York, has been styled "The Book of Martyrs" by Dr. T. G. Thomas. The sad-looking specimens of humanity depicted in it are enough to justify the soubriquet, but the point of humor comes to those who are familiar with the names of ecclesiastical authors and literature.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Ninth regular meeting of the Medical Society of the County of Albany held Wednesday March 8, 1882.

In the absence of the President, Dr. W. H. Craig was called to the chair.

The minutes of the last meeting were read and adopted.

Dr. T. K. PERRY read a paper on "Meningeal Disturbances Simulating Typhoid Fever," with a report of five cases.

Dr. VAN DERVEER expressed his interest in these cases, and spoke of the difficulties of making a precise diagnosis in some of these instances cited by the auther of the paper. He thought

that two of the cases at least might be typhoid. He formed his opinion from the general history, character of the pulse, etc.

Dr. F. C. Curtis said: In cases like these present the question of a diagnosis between typhoid fever and meningitis is left open. Typhoid generally pursues a marked course, and is attended with the regular sequence of conditions always thought of in connection with the disease. These symptoms, however are not always constant. Many cases depart from the type, and this departure is very often toward cerebral lesion. I can recall a number of cases where early in their course there were well-marked cerebral symptoms which terminated in undoubted typhoid. A certain physiognomy accompanies typhoid which ought to be present, in shadow at least, in every case. Meningitis is, in my experience, a rare disease. I do not remember to have seen a case in an adult. Characteristically, with its orderly sequence of stages of headache, delirium and coma, and the rapid action of the disease, it has little resemblance to typhoid fever. But those meningeal affections which have a zymotic origin may often simulate it, especially in young persons. I think that several of the reported cases resemble very nearly typhoid fever, when the full course of their development is noted.

Dr. L. Hale said: A year ago I reported a case of typhoid fever complicated with meningitis. The typhoid was well marked, and both lesions were diagnosticated before death. The autopsy verified the diagnosis. This shows that the two lesions may exist simultaneously, and that a diagnosis may be made which will only include the more prominent lesion.

Dr. Bartlett said that while away from the city a member of his own family was taken sick, and meningitis was diagnosed and proper remedies used. The case was afterwards pronounced to be typhoid fever by a local practitioner, who said that many such cases were prevalent in the neighborhood. The sequel proved that typhoid fever was the correct diagnosis. Dr. Bartlett saw at the same time a sick person who was under treatment for typhoid fever. The post-mortem examination showed both typhoid and meningitis.

Dr. Cook reported two cases in which the typhoid and meningeal symptoms were almost indistinguishable.

On motion of Dr. Stonehouse the discussion of Diabetes was made the special topic for next meeting.

Dr. R. D. Clark, on behalf of the family of the late Dr. J. L. Babcock, presented to the society a framed portrait of the doctor. On motion of Dr. F. C. Curtis the secretary was directed to communicate the thanks of the society to Mrs. Babcock.

Society adjourned.

T. FEATHERSTONHAUGH,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. SEPTEMBER, 1882. No. 9.

ON THE USE OF THE CRANIOCLAST AND CEPHALOTRIBE.

JAMES P. BOYD, M. D., ALBANY.

Some years ago, when a student in Vienna, I was taught the use of the cranioclast of Professor Braun, and, from practice on the cadaver, and observation of the good results obtained in the lying-in wards of the hospital, from its employment, was inclined to look upon the instrument with favor in difficult cases of labor. An opportunity to fully test the merits of the instrument did not present itself, however, to me until some three years after my return to Albany. Since that time two cases have been observed by me suitable for the application of the cranioclast and serving to demonstrate its usefulness. The first case which presented itself to my notice in this connection was that of a married woman, about 35 years of age, a patient of Dr. John M. Bigelow. On leaving the lecture-room of the College November 1, 1876, I received a note from Dr. Bigelow requesting me to see a case with him in consultation. On reaching the house of the patient, I was informed that she had been in labor about twenty-five hours, and, as the head had not advanced after rupture of the membranes and full dilatation of the cervix uteri, notwithstanding the severe pains, the doctor had attempted to extract the child with the forceps, but after repeated efforts found it impossible. The patient was a short, powerfully built woman, of Irish descent. Externally there was no evidence of deformity of the pelvis. Examination of the abdomen by pal-

pation convinced me of the fact that the child was of large size, and, as most of the liquor amnii had by this time escaped, exploration was facilitated. A digital examination revealed a normal condition of the mucous membrane of the vagina; no dryness and no increase in temperature. My finger at once came in contact with the head of the child. The occiput was directed towards the right acetabulum. The child was alive, although the fœtal heart could not be distinctly heard, and the child was evidently fast becoming enfeebled. The patient did not appear much exhausted. As the head was resting above the superior strait, I asked Dr. Bigelow to hold the head firmly with his hand on the mother's abdomen whilst I applied the forceps, as it seemed a very feasible operation at the time. I undertook to apply the Vienna forceps, but after several attempts found that it was in vain, and, rather than run the risk of injuring the cervix, I desisted from my efforts, and informed the husband and friends of the patient that I did not think that it would be possible to save the child's life, and that the operation of craniotomy was necessary in order to save the life of the mother. The danger of delay was fully explained to not only the patient, but the husband and friends, but without result, and I soon after left the house. In the evening I saw the patient again, and Dr. Joseph Lewi was present at this time. He strongly advised craniotomy. By this time the vulva was much swollen, and the patient was becoming exhausted. The fœtal heart could no longer be heard, and the vagina was hot and dry. Patient complained also of considerable pain in the abdomen, not due, however, to contractions of the uterus, as these had ceased. About seven o'clock the following morning I was summoned to perform craniotomy. As I entered the room of the patient, I saw at once that she had rapidly failed since my visit the evening previous. She was delirious, the pulse was 120 and the temperature high. She was fast sinking, but the friends wanted now to have the child removed. Assisted by Drs. Bigelow and Lewi, I perforated the head with Braun's curved trephine, and then applied the cranioclast. One blade of the instrument was passed through the opening made by the trephine in the parietal bone and down to the base of the skull; the other was applied to the face. As the fenestrated blade was not applied satisfactorily, owing to the position of the head, I found on making traction that a piece of bone was wrenched off. After one or two at-

tempts I succeeded in placing the blade of the instrument in proper position, and was not long in extracting the head, as the cranioclast did not slip. It required considerable force to extract the unusually large body of the child, and I was ably assisted by a student of the college, Mr. Nellis, in this arduous undertaking. In fact, this part of the operation was hardly less difficult than the extraction of the head, and, even with the exertion of considerable force, full twenty minutes elapsed before the complete delivery was accomplished. The mutilated child, unfortunately, was not weighed, but was of large size. The placenta came away easily and the uterus contracted readily. I made a hurried examination of the pelvis after the delivery of the child, and found considerable shortening in the diagonal conjugate of the pelvis, and postponed a complete investigation until an autopsy could be obtained, as the patient was failing rapidly. She died three or four hours later; we were not permitted to examine the body.

In this case the cranioclast was perfectly satisfactory, and was used mainly as a tractor. After I had properly placed the blades in position they held firmly, and allowed me to use great force in the extraction without fear.

On leaving the lecture-room of the Medical College, February 7, 1882, I was asked by Dr. Hailes to see a case with him. The doctor had been called to see his patient at 2 A. M., and found the cervix partially dilated, and the labor pains strong. As the head made no advance during the morning, notwithstanding the strong contractions of the uterus, and as, furthermore, Dr. Hailes had found on making a digital examination that the eyes and nose of the child could be plainly felt near the right acetabulum, and the occiput near the left sacro-iliac synchondrosis, he thought it best, in view of these facts, to hold a consultation before proceeding further with the treatment of the case. I reached the house about half-past twelve o'clock, and found the patient, a strong, healthy looking Irish woman, sitting on the side of the bed and leaning over the back of a chair. The pains were frequent, and the patient evidently suffered very much. She appeared to be about 40 years of age, and had three living children; had been delivered once by version, once by craniotomy and once by embryotomy. There had also been two or three miscarriages. After hearing the account of her sufferings in past confinements, I was not long in doubt as to the

cause of all this trouble; and, although there was no external manifestation of any irregularity in the shape of the bones of the pelvis, I determined to make as thorough examination of the pelvis as possible under the circumstances. At this time the patient's general condition was excellent, the skin moist and pulse regular and strong. I introduced a catheter into the bladder, in order to empty it and give myself as much room for the examination as possible. I had considerable difficulty in introducing the flexible male catheter, as the bladder seemed to be jammed against the symphysis pubis by the head of the child. The bowels had already been moved. On vaginal examination I found that the membranes were ruptured, and that the cervix was fully dilated. The head was in the position already described by Dr. Hailes, viz., occiput near left sacro-iliac synchrondrosis and brow near the right acetabulum. Pushing the head above the superior strait, I could reach the promontory of the sacrum easily, and it seemed to be displaced toward the left side, notably shortening the antero-posterior diameter of the pelvic inlet. I attempted to deliver the child with the forceps, but failed. I passed my hand into the vagina, seized the head, and endeavored to rotate it and place it in a position favorable for extraction with the forceps, but this I found to be impossible. We concluded to wait and see if the head would not descend, influenced by the strong contractions of the uterus. About three hours later I called and found the patient in about the same condition. The head remained at the superior strait. The fœtal heart could not be heard. Finding it useless to wait longer, I determined to perforate the head and then extract it with the cranioclast. An assistant pressed his hands well down over the symphysis pubis, in order to prevent motion of the head, whilst I applied Braun's curved trephine. As this instrument did not work satisfactorily, I withdrew it, and immediately perforated the parietal bone with Smellie's scissors. The opening made was just large enough to receive one of the blades of the cranioclast, and the fenestrated blade was then placed over the face of the child. Owing to the peculiar deformity of the pelvis and the restlessness of the patient, who did not take the ether well, I did not succeed well with the instrument, and on traction broke off a piece of the parietal bone. The patient was placed in a better position, thoroughly anæsthetized, and then without difficulty the blades were placed in position. Sat-

isfied that the instrument was securely fastened and properly placed, we proceeded to extract the child, and in a few minutes had delivered the head. The body gave us some trouble, but was removed without much delay. The placenta came away easily, and the uterus contracted fairly. There was some hemorrhage after a while, but this was controlled by a student in attendance, Mr. Palmer. The patient rapidly recovered from the effects of the severe labor, and is now enjoying excellent health.

May 26, 1878, I was summoned to see a case of labor which to me was one of unusual interest. The messenger came for me about 1 A. M., and brought a note from a physician requesting me to bring my instruments for performing craniotomy with me. When I arrived at the house I was informed by the physician that the labor had already lasted many hours, the presentation was normal, the membranes ruptured, the cervix fully dilated. In addition, the pains had been strong, but there had been no descent of the head. The husband informed me that his wife had suffered severely during her last confinement, and that the late Dr. Quackenbush, after several attempts to deliver her with forceps, had been obliged to perform craniotomy, and after a long and tedious operation had extracted the child. I was now ushered into the room of the patient, and saw before me a short, rather stout lady, who seemed well aware of the danger threatening her, and requested me at once to remove the child as speedily as possible. After a careful examination I found that the occiput was directed towards the left acetabulum, and that there was well-marked deformity of the pelvis, the exact nature of which I could not, of course, appreciate. As it seemed to be an easy case for the application of the forceps, I introduced the blades, and after several trials was convinced that it would be a waste of time to attempt delivery by this means. I perforated the child's head with Braun's curved trephine, and then applied the blades of the cranioclast. On making strong traction, I removed a large piece of bone. This happened several times, and I failed to secure a firm hold. After working for some time I found that I had diminished the size of the head to a considerable extent, but had failed in extracting it. At my request a messenger was sent to Dr. J. H. Blatner, requesting him to bring a cephalotribe, as I thought by the aid of this instrument the head could be readily crushed and extracted. Drs. Ward and

Van Derveer were also asked to see the case. After a long consultation, it was considered best to attempt the extraction of the greatly reduced head with the Prague forceps. This instrument of Seyfert is well adapted, on account of the peculiar curve of the blades and its great strength, to difficult cases. After the patient was anæsthetized for the second time, the blades were placed in position and firmly locked. This forceps when locked has great power as a compressor, and with the united strength of Drs. Van Derveer and Blatner applied to the handles of the instrument, the head was finally extracted.

When I called the morning after to see the patient, I was surprised to see her looking bright and cheerful after the long hours of suffering through which she had passed. She rapidly recovered her strength, and has remained well ever since. For several weeks after the operation she was troubled with a cystitis, but, so far as I know, this has long since disappeared.

With the cephalotribe I have had but slight experience. I applied the instrument in one case, for the reason that I could not use the cranioclast satisfactorily. I was ably assisted by Drs. Blatner and Bigelow. After perforating in the usual manner, we succeeded in reducing the size of the head with the cephalotribe, but were unable to extract the diminished skull with it. We resorted to version, and without difficulty performed the operation, as the crushed bones offered no obstacle to speedy delivery, and the wounding of the maternal passages by spiculæ of bone was entirely avoided. In this case the antero-posterior diameter was diminished to such an extent as to lead me to think seriously of performing the Cæsarean section at one time.

In this last case Scanzoni's cephalotribe was employed. This instrument consists of two powerful blades, approximated by a screw, and serving not only to crush the head, but also extract it. The inner surface of the blades is supplied with a longitudinal ridge occupying the centre, while the square extremities curve sharply inwards like pincers. The instrument possesses a pelvic curve of about two and three-quarters inches.

The cranioclast of Braun consists also of two powerful blades fastened by a button joint. The extremities of the blades are of a duck-billed shape, and are sufficiently curved to allow of a firm grasp of the skull being taken. One of the blades is fenestrated, grooved and destined to be placed on the outer surface of the head. The other, which is intended to occupy the opening in

the perforated skull, is solid and supplied with ridges, which fit into grooves upon the opposite blade. The blades have a pelvic curve, and the handles are so long that the lock, even when the instrument is applied at the superior strait, is outside the vulva. An apparatus for compression has also been attached to the handles. This instrument is intended to serve really as a tractor. The term cranioclast is therefore a misnomer. Mundè's proposed substitute of "craniotractor" is better suited to the action of the instrument.

There has been, and still is, great difference of opinion in regard to the comparative merits of cranioclasis and cephalotripsy. In the *Archives of Gynecology*, XI., 3, there appeared an article by Dr. Max Wiener, Assistant Physician to the Polyclinic, Breslau, entitled "Cephalotribe, or Cranioclast," in which he gives certain facts relating to the use of the two instruments, derived from the records of a large number of cases. After formulating the most important facts, he arrived at the following results:

"The cephalotribe, on account of its very slight cranial curvature, slips off very easily, especially when the head lies high in the pelvis, because in these cases the head cannot be seized, and on account of the peculiar position only a segment is accessible, upon the crushed portion of which no tenable hold can be obtained. Fleming relates that in 138 cases slipping off of the cephalotribe happened 23 times. Mundè (*American Journal Obstetrics*, Vol. VI., p. 8) was unable in three cases out of four to obtain a firm hold with the cephalotribe, though repeatedly tried. The cephalotribe often produces wounds of the tissues. The difficulty of introducing thick blades along the side of the head in narrow pelves is considerable. Further, the blades of the cephalotribe rub, as do the forceps, in extraction, and in the motions given it for purposes of leverage. Finally, wounds are thus produced, when the instrument is closed, and the tense projecting segments of the head and sharp splinters of bone are brought into dangerous contact with the obstetrical passages."

I have given but a few of the results arrived at by Dr. Wiener. His article on the subject is long and elaborate. He is strongly in favor of the cranioclast. Credè (Leipzig) read a paper before the Gynecological Section of the German Congress of Physicians, September, 1877. He first quoted from Max Wiener and Fritsch, to show the various and often contradictory opinions held and

taught at different universities about these two instruments, each of which should have its own separate and definite use. Though he would not undervalue the cranioclast, yet he must say that, in his practice, the cephalotribe had been a much surer and easier help to him. Often, after vain attempts with the former, he has easily overcome all obstacles with the latter. He used the cephalotribe of Busch. From his experience he cannot agree with a single one of the objections made by Wiener and Fritsch to the cephalotribe. He upholds its use as strongly as he did thirty years ago. He also believes that the theoretical objections of these authors have long been silenced by general practice. In Prague, cephalotripsy; in Vienna cranioclasis, and in Berlin a combination of both methods is used. In the discussion which followed, Spiegleberg spoke strongly in favor of cranioclasis, and mentioned an instrument adopted by Winckel before the time of the cranioclast. Winckel did not speak decidedly for either instrument, but his fifteen cases of cranioclasis are decidedly in favor of this operation. The report of this meeting has been taken from the *American Journal of Obstetrics*, April, 1878.

As these two papers of Wiener and Credè from which I have quoted give very fairly the prevailing views of obstetricians in reference to the subject, I will briefly allude to the opinion of a few authors whose works on obstetrics are widely known. Scanzoni gives a long description of the cephalotribe in his work, and praises it in the strongest terms. Schroeder, in his "Lehrbuch der Geburtshülfe," says that "it cannot be doubted that the cranioclasis is the more rational operation if it is performed by skillful hands, and especially in difficult cases is for the mother less dangerous than the cephalotripsy, while, on the other hand, the use of the cephalotribe is more comfortable and easier, and can be recommended to those who have little experience with the operation." In Playfair's work on midwifery I find this expression of his views: "On the whole, the conclusion I would be inclined to arrive at with regard to the two operations is, that in all ordinary cases cephalotripsy is safer and easier, whereas, in cases with considerable pelvic deformity, the advantages of cephalotripsy are not so well marked, and craniotomy may prove to be preferable." In France, as might be supposed, several modifications of the original cephalotribe of Baudelocque are in use.

"On the 6th of June, 1829, Baudelocque read before the Institut Royal de France a memoir upon a new method of performing embryotomy. He then described an instrument he had invented, which he termed the cephalotribe." Prof. Lusk, from whose work I have copied this brief history, pertinently remarks: "The dream of Baudelocque, that the cephalotribe was destined to abolish the perforator, has never been fulfilled." Lusk, in his recent work on obstetrics, calls attention to the advantages of Braun's cranioclast over its rival, the cephalotribe, as follows: "It is of comparatively small size; again, one branch lies inside the head in a space not otherwise occupied; the outer branch imbeds itself in the soft coverings of the head, and thus is protected from doing harm. After a few tractions the cranioclast occupies the middle of the pelvis, where it can be so guarded by the hand that it need not even come into contact with the vaginal walls; as the head is drawn into the pelvis the pressure is not concentrated at one or two points, but is diffused over the entire pelvic rim; the head is therefore able to mould itself to the shape of the pelvis. Subsequent to the use of Braun's cranioclast extensive lacerations and injuries to the maternal organs are rarely found. The cranioclast takes firm hold of the head. It never slips during extraction. It is not apt to tear away when the cranium and scalp are seized together. The most secure grip is obtained when the inner blade is passed to the base of the skull while the outer one is applied to the face or over an ear. The cranioclast enables us to extend the limits of safe delivery far beyond what would be admissible with the cephalotribe, as with its aid it is possible after the partial or complete removal of the flat bones of the skull to tilt the chin downwards and draw the base by the edge through the conjugate. In this way craniotomy may be resorted to in pelves measuring less than two and three-fourths inches antero-posteriorly. Indeed, Barnes claims that one inch and three-fourths in the conjugate and three inches in the transverse diameter furnish sufficient space for a successful operation." Considering the fact that Lusk's cephalotribe is one of the best now in use, the statement already quoted from his work is generous, to say the least.

DIABETES: PATHOGENY AND TREATMENT.

F. C. CURTIS, M. D., ALBANY.

The ascertained facts regarding Diabetes continue to be much the same as they have been for some years back. The disease has clinical features which stand out clearly, and there are physiological facts that bear very closely upon them; it remains theoretical ground, nevertheless, where they touch.

The pathogeny of the disease has been very attractive ground, and there is a host of theories upon it in the text-books and journals, some hepatic, some cerebral or related to other nerve centres, some tracing it in one way and another to nutrition changes. Without alluding to others, it has appeared to me that the most satisfactory theory, best corresponding to the various causative agencies, pathological and physiological facts, is one which makes the disease primarily a nervous affection, resulting secondarily in functional and sometimes organic disease of the liver. It is not, perhaps, possible to find one general explanation that will cover all cases, though there ought to be, since the disease is *sui generis* and cannot be the result of several widely different processes, as some writers content themselves with giving. I don't know to whom to ascribe this nervo-hepatic theory, but it is, with one modification or another, the accepted one of Trousseau and other leading authorities. It originates, of course, from the investigations of Bernard. The essential feature of diabetes, the glycosuria, follows various nervous disturbances, both physical and psychical. Glycosuria does not prove the existence of diabetes, for it occurs transiently in many remote conditions; and, too, diabetes occurs, certainly, apart from any appreciable change in the nervous system. But a greater approximation is made to its pathogeny in pursuance to the general theory of some nervous disturbance than of most other theories. The disturbance operates to produce the disease, however, not by disorder of nutrition or by affecting other organs, but by its effects on the sugar-making organ, the liver. If the liver is removed from the frog, glycosuria cannot be induced by injury of the nervous centres. Bernard himself believed that it was through this organ that glycosuria follows experimental puncture of the fourth ventricle. By what process does it act? The experiments of Schiff show that there is an increased production of sugar, not

a decreased destruction of it, the sugar decreasing in the urine in proportion as the liver was decreased in volume, by ligature, in frogs artificially diabetic. Then, further, Andral and others have shown that the liver is hyperæmic in diabetes, and probably one of the most constantly observed pathological changes in the disease is increased size of the organ. Only part of the portal blood, in the frog, goes to the liver, the rest going by a branch directly to the vena cava. Schiff found that by tying this branch and sending all the blood to the liver he produced hyperæmia and soon glycosuria. The same result follows removal of the spleen, ligature of a large artery, injection of blood, the adminstration of curare and nitrite of amyl. It also follows irritation of the the vaso-motor centres directly or reflexly. The nerves of the liver come from the sympathetic, pneumogastric and phrenic. Disturbance of those which are vaso-motor can be readily seen to affect the circulation of this large organ. Local injury to the liver may produce glycosuria; but it seems most probable that diabetes results from nervous injury or impression, and that it does so by effecting hyperæmia of the liver and thereby increasing its sugar-forming function to that degree that more or less of it passes undestroyed through the lungs, and is eliminated by the kidneys.

The etiological conditions to the disease would throw light upon its pathogeny. These would necessarily be the result of extended record of observation. It may be assumed, however, I think, that diabetes is usually preceded by nervous strain, the result of hard mental work, mental chafing or worry, or other element of disturbance of mental equipoise; secondly, by pursuit of sedentary occupation requiring little muscular effort and not pursued in the open air; and, thirdly, probably the diet has sometimes been too saccharine, or the subjects have been high livers. Schmitz (*Berl. Klin. Woch.*, Nov. '75) asserts that hereditary predisposition has most to do with the etiology; he believes, however, that the disease is brought on by mental trouble or bodily injury as a determining cause. Senator gives this cause prominence. Concussion of the whole body, affecting specially the brain and cord, is a common cause, next diseases of the nerve centres, acute or chronic, and psychical impressions, fright, anxiety, grief. "Disturbance of the nervous system is primarily responsible for the production of the disease," Dr. A. A. Smith says, in a paper recently read before the

New York Academy of Medicine, which seems to be an etiological conclusion that bears out the pathogenic theory which I have given. Some years since I had under observation a case of this disease occurring in a female of 30, of spare habit and employed steadily at sewing furs. During the course of the affection she contracted a very unhappy marriage, and her disease became at once greatly aggravated, soon terminating in her demise. There are undoubtedly cases where it is difficult to trace this nervous origin, but in general it may be considered an accepted fact.

An interesting fact in connection with diabetes is the occurrence of transient sugary urine. Sugar might, doubless, often be found, if looked for, in urine of low specific gravity. Smith mentions a case where it was constantly found, 8 grs. to the oz., specific gravity 1020, without other symptoms than disturbance of vision. There are a great number of different conditions of the body that temporarily cause it—digestive, transient nervous disturbances, as hysteria, excessive saccharine diet, ether, which is said to impart augmented activity to the glycogenic function of the liver, alcoholism, and others. These are undoubtedly not to be mistaken for diabetes. The other symptoms, gastro-intestinal derangement, thirst and polyuria, lassitude and emaciation, together with a persistence of these symptoms, are necessary. Diabetes, on the other hand, may have urine transiently free from sugar. I have seen such a case myself, a remarkably obese man, who lost at one time eighty pounds in weight, whose urine has been at times entirely free from sugar. It is now several years since his disease began. It would be well if sugar were oftener looked for in urine. The disease comes on generally very gradually, with little to mark it. Existence of thirst, alterations of temper, itching of the skin, disorder of vision, more or less persistent headache, obesity, which is a common predisposing cause, furuncles and other cutaneous affections, impotence (noted by Hardy), persistent digestive disturbance, are among the prodromal symptoms, and the disease may exist as shown by the sugar test, although the urine is of low specific gravity and not voided with marked frequency. Without doubt early treatment is more effective. Physicians recognize these derangements in their own persons early, and are thus more likely to combat their disease successfully.

In the treatment of diabetes, several recent therapeutic agents have been offered. The old hygienic and dietetic part of

its management, however, has not been thereby thrown aside. In fact, the estimate of its importance is perhaps strengthening.

Codeia, sulphide of calcium, salicylic acid, carbolic acid, ergot, valerian and electricity are among the now more commonly used agents. Alkalies and some mineral waters—especially Bethesda —are unquestionably useful; they relieve the thirst and diminish the flow of urine. During the last century lime water was the remedy. Probably every one will testify to the gratifying effects of Bethesda water, and if less is heard of it now it is because it was expected to be curative, when it is only palliative. And right here it ought to be borne in mind, as the first thought regarding the therapeutics, that the subjects of this disease differ as greatly as the degree to which they are affected by it. A man with strong frame, not seriously reduced in flesh, having the symptoms of the disease to a not excessive degree, is likely to remain *in statu quo* for years, or even improve on a great many different drugs, if he observes, with the taking, the hygienic rules. A very large number of cases do well and under a variety of treatments. The result is that a variety of drugs win a reputation, some of them of quackish origin. There is good authority, though, for the belief that some cases will recover.

Probably the drugs having highest repute now are opium and sulphide of calcium. Opium has been used from the earliest times, given in large doses, which diabetics are noted to bear. Morphia of the opiates has some time back taken the lead; recently codeia, on various reasonable grounds, stands first, though not absolutely new. Dr. R. S. Smith (*Brit. Med. Jour.*, 1881) believes it to be almost a specific, and cites three cases in proof, and quotes from Guy's Hospital reports. He thinks it snperior to any other treatment, including dietetic. It has been carried up to ten and fifteen grain doses. He says it should be given in dose sufficient to produce some physiological effect. Tyson (*Phila. Times*) speaks guardedly of it, but cites a case much benefited by one and a half grains three times daily. Dr. A. A. Smith reports three cases cured in which it was the principal drug used, giving one-quarter to one-half grain three times a day. It produces constipation, which has to be met by cathartics. Sulphide of calcium has also had its warm advocates. Dr. N. C. Husted, of Tarrytown, bears personal testimony to its value. Dr. Francis Delafield recommends its use in doses of one-tenth grain three times daily, raised to three or four grains daily.

Its ease of administration, non-disturbance of body functions and cheapness are items in its favor. Ergot is spoken of as among the most efficient drugs by Dr. Tyson (gtt. xx. increased to ʒ i. t. i. d.), but has been found totally inefficient in some cases. Its value is more marked in diabetes insipidus. Salicylic acid is much spoken of in the continental journals now; appropriate probably along with the alkalies as a salicylate in milder cases, where, as some think, there is lithæmic association. Carbolic acid, chloral and several other drugs have also been found to diminish the excretion of sugar, but have as often failed.

And it is true, doubtless, of all drugs that alone they will be constantly found to fail. Diet and hygiene seem to hold yet the most acceptance. No one would think of relying on drugs alone, and some abjure them entirely, as damaging the stomach and doing in the end more harm than good. If starchy and saccharine food passes through the body unassimilated, in addition to the over activity of the liver in constructing sugar, they certainly can serve no useful purpose, and had better be left out. Dr. Tyson places the most value on diet, speaking especially well of the skimmed-milk treatment. Dr. J. H. Salisbury limits to an exclusive animal diet and hygiene. It is no doubt true that few will be found to doubt the prime value of dietetics, but it is also true that it may be carried too far; and, as Trousseau says, while an exclusively animal diet diminishes thirst and diuresis, it soon deranges the health of the patient, possibly to even a worse degree than before. It is better to take a middle course, remembering the patient as well as his disease.

A point not often enough spoken of is the value of *fresh air.* It is one of the most desirable things to secure, which my observation bears me out in saying. Keep them out of doors constantly. Along with this, muscular exercise short of fatigue. Remember the etiological factors; sedentary occupation and nervous depression or worry or strain are acknowledged as prominent. I do not speak from statistics, but isn't the disease one of city life and not one of quiet, contented out-of-door country living? Securing its features of fresh air, exercise and equability of mind are certainly most desirable features toward remedying this intractable disease.

EDITORIAL NOTES.

—Mother Paula Harris, since it foundation the sister superior in charge of St. Peter's Hospital, is relieved from her onorous services; Sister Mary Philomene, recently at the head of the School of the Sisters of Mercy, takes her place.

—The Medical College opened on the 12th instant, the inaugural address being by Prof. Merrill. A good class is in attendance. The lengthened course now extends over six months, and the spring course is dropped. While the latter seemed inevitable, yet some provision should be devised for the spring term faculty thus unceremoniously dropped with it.

—We are in receipt of the following invitation to the Albany County Society:

Glens Falls, *August* 21, 1882.

Editor of the Annals:

At a meeting of the Union Medical Society of the Counties of Warren, Washington and Saratoga, held at Saratoga Springs some six months since, the constitution was amended so as to admit the counties of Albany and Rensselaer. At a meeting of the Society, recently held at Lake George, it was resolved to adjourn to meet the third Tuesday of November, 1882, at Cohoes, N. Y., at a place to be hereafter named. All members of the county societies above named and all *regular* (*but not all legally qualified*) physicians resident in these counties are eligible to membership. The code is that of the *American Medical Association.* The members of the Society hereby extend a cordial invitation to their professional brethren to be present at this coming meeting and to take part in the discussion of several interesting papers which will then be read. F. B. Streeter, *Secretary.*

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Tenth regular meeting held March 22, 1882.

In the absence of the President, Dr. A. Van Derveer was called to the chair.

The subject for discussion was Diabetes, on which the opening paper was read by Dr. Curtis.

Dr. Hale presented Fehling's quantitative test according to translation by Prof. Perkins: Dissolve 50 grms. of pure cupric sulphate in 289 grms. of water, and take of this solution 200 c. c. Also 173 grms. of Rochelle salt in 500 c. c. of a solution of NaHO of 1.12 sp. gr. Pour this upon the first and dilute to 1 litre. Keep in small bottles in a dark, cool place. 10 c. c. of this will be reduced by .05 grm. of glucose, Cu_2O being formed

(a red precipitate). Take 10 c. c. of this solution, heat in a porcelain evaporating dish, and add the urine drop by drop from a graduated pipette, until the blue color disappears. By noting the quantity of urine taken the amount of glucose may be calculated.

He found objection to the theory of hyperæmia of the liver, in that drugs causing contraction of blood-vessels are of small value, though, if due to dilated vessels, ergot and belladonna might be expected to be effective. Oxide of uranium is one of twenty substances named by Senator as producing mellituria, yet notes appear of its remedial effect in doses of one-sixth to one-third grain three times a day.

Dr. Van Derveer spoke of the surgical relations of the disease. Crops of furuncles may depend on this cause. Cases of long suppuration following operations will show diabetes and the patients will sink. A number of cases of this disease under his observation are those whom he had formerly treated for surgical troubles. Pruritis vulvæ is so often a symptom of diabetes that he always looks for sugar in these cases. In three cases death has been by coma. Attention has been called to the production of alcohol in the system from the breaking up of the molecules of glucose and thus producing toxic effects. Has found Bethesda water useful to relieve the thirst. Horsford's acid phosphates was used in one case of two years' duration, and after six months no sugar could be found in the urine.

Dr. Trego has now two cases of diabetes under treatment. Neuralgia, severe with both, subsided in one under the use of salicylate of soda. Has used sulphide of calcium in both with amelioration both of amount of urine voided and percentage of sugar. No gastric disturbance attended doses of two grains three times a day. One of these patients is now passing only ten or twelve quarts of urine per diem instead of twenty, as formerly. Dietetic treatment has also been instituted in both cases. Has used one-half gram opium pills and belladonna and nux vomica, each one-quarter grain.

Dr. Merrill cited a case of paresis of accommodation occurring in a young girl who came to him complaining that she could not see well at near points. No refractive error was found. She was given convex glasses, and after two months came back and required a stronger pair. On examination sugar was found in the urine. No abnormal amount of urine was passed, so that the disease escaped notice. She ultimately entirely recovered under appropriate treatment. Cases are reported of this kind where the first indications of eye trouble are weakening of the accommodation; afterwards retinitis and cataract appear.

T. FEATHERSTONHAUGH,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. OCTOBER, 1882. No. 10.

TRAUMATIC STENOSIS OF THE TRACHEA.

N. L. SNOW, M. D., ALBANY.

While in the act of making a coupling between an engine and an oil-car on the morning of March 3, the subject of this sketch, a brakeman on the Boston and Albany road, aged 26, 5 feet 9 inches in height and weighing 165 pounds, was caught between them at a point extending each way from about the articulation of the first and second bones of the sternum. The accident occurred while on the road, and he was brought to his home in East Albany. Examination revealed superficial contusion and excoriation extending as above mentioned; the chest on the right side flattened and its capacity evidently lessened; more prominent on the left side, with noticeable projecting points over the third, fourth and fifth costal articulations; emphysema of upper portion of right chest, particularly of cellular tissue in the region of the right clavicle and sterno-cleido-mastoid muscle.

The patient was treated with anodynes, perfect rest and fomentations. For the first seventeen days there were no noteworthy symptoms, except that the use of the catheter was required for the first fourteen days, and there was expectoration, after slight cough, of a small quantity of clotted blood on the fourth day. At the end of sixteen days the patient was in an improving condition, the emphysema having disappeared and callous forming in the fracture of the right clavicle; he was resting well, relished food, and was taking moderate exercise about the house. On the seventeenth day he walked out on the street half a block,

there being twenty-one steps in the stairs to reach the sidewalk. On the eighteenth day he experienced considerable difficulty in breathing, attended with cough, which, in the course of twenty-four hours assumed a paroxysmal character, and on the 19th he had three paroxysms of dyspnœa of so alarming a character as to seriously threaten life. They, however, yielded to fomentations applied to the chest, anti-spasmodics and moderate inhalation of chloroform. On the twentieth day dyspnœa was less, but there was a hard dry cough. This loosened in a day or two, expectoration of mucous, with blood, some in streaks and some clear, resulting. During the next four or five days the cough became looser, expectoration more profuse and then lessening, and the patient apparently convalescent. He was treated during this period with expectorants, nourishment and stimulants. Twenty-eight days after his injury, and eleven after relapse, the patient was taking exercise about his room, eating and sleeping well, pulse between 80 and 90, temperature from 90° to 100°. On the twenty-ninth day he complained of difficulty in respiration, which in the course of twenty-four hours had again assumed a paroxysmal character, and reached a climax on the morning of the 30th day after the receipt of injury, when he expired.

Autopsy, forty-eight hours after death. Body emaciated. The second, third and fourth costal cartilages on the left side were fractured in the middle and the sternum was displaced inwards. There was separation of the left sterno-clavicular articulation, and the scapular end of the right clavicle was partially fractured without displacement. The sternum was depressed at the right sterno-clavicular articulation, depressing the superior vena cava, and at this point the right lung was injured. An inch and a half above the bifurcation there was stricture of the trachea. Pleuritic adhesion bound both lungs throughout, there being also slight adhesion of the left to the pericardium.

Extracts of beef in form of powder are now coming to notice. Beef peptonoids, made by Reed & Carnrick, is in this form. A sample sent us has an agreeable taste, and the statements of its manufacturers, who are among our most reliable, indicate that it is a very desirable article of invalid food. It promises to equal lactopeptine and maltine, given us by the same makers, in value.

THE ELECTRIC BATH.*

W. O. STILLMAN, M. D., SARATOGA SPRINGS.

In speaking of the electro-thermal bath reference is made to the use of the faradic current only in the warm or hot bath, applied principally through the medium of the water and on the principle of general faradization. The galvanic current I have used also, but have not found it so useful as when applied locally outside the bath.

The requisites of the bath are few and simple; a battery connection, electrodes, a tub and water are all that is needed. For the tub any non-conducting material, as wood, porcelain, soapstone, vulcanized rubber or glass, may be used. It is preferably somewhat deeper than the ordinary bath tub and without the inclined plane at the head. A metal rod is placed in a deep groove on either side near the top, running its entire length. To each a single electrode is appended, sliding along the rod by which connection with the battery is maintained, one with the negative, the other with the positive pole, and by means of a commutator the currents may be reserved at pleasure. The electrodes should extend eight or ten inches below the surface. In addition, there should be a single ordinary movable electrode which may be applied to special points as desired. Any good inductive battery may be used.

The administration of the bath is simple. It may be passed in descending currents from one shoulder to the opposite foot, through the liver, through the bowels for constipation, using the rectal electrode if desired, through the hips for sciatica, through the limbs for atrophied muscles, paralysis, rheumatism or gout, applied locally for neuralgic pains, anesthesia or disturbance of sensation, or for general tonic purposes. Good results follow passing the movable electrode connected with the positive pole over the spine, the tub electrodes being at the feet. The various applications are endless and suggest themselves in individual cases. The duration of the bath is usually from ten to twenty minutes, in some cases having to be shorter. The strength of the current is determined by the sensibility of the patient; the length of vibration by the judgment of the physician.

*Abstract of a paper read before the Medical Society of the County of Albany.

The advantages claimed for this method may be briefly reviewed as follows: Where the bath is used as a general tonic, or for the relief of disease affecting large portions of the body, as paralyses or rheumatism, the electricity can be applied more thoroughly and gently—agreeably, if you choose—and with better results than by the usual plan. Its application to the surface is equalized; the skin is in better condition to conduct the current; it is less fatiguing to the patient; the vaso-motor system and nutrition and innervation are more profoundly affected, and some of the uncomfortable features of general faradization are obviated. Localized effects can be attained by means of the movable electrode. Local and diffused effects can in this way be secured at the same time if desired. For strictly local treatment, as in aphonia, neuralgia affecting a single extremity, writers' cramp or bronchocele, this method has no special advantage.

One or two practical points may be noted. In regard to age or constitution, I have seen it used with equally good effect by children and old people, delicate and robust. The temperature of the water usually ranges between 90° and 100° Fah., the average being 95°. The baths may be given from once to three times weekly. In my experience no better effects follow more frequent use. They should not be used too soon after meals. It may be necessary to continue them a number of weeks before improvement shows itself, although as a rule this is not the case, amelioration of symptoms and manifestations of the disease usually occurring early if any benefit is to be derived. In a very small percentage of cases these baths cannot be taken. These exceptions usually occur in those who cannot take the faradic current at all or who cannot take a warm bath. With these the galvanic often answer admirably. I have not observed that some temperaments will bear electricity in the bath which will not tolerate it elsewhere, as has been noted by some observers.

The field of diseases to which this bath is applicable is quite wide, and embraces many of those which are most commonly met with. It is not confined to diseases of the nervous system. Rheumatism, gout, dyspepsia, general debility, constipation, malaria, sluggish nutrition and circulation, benign tumors, simple muscular atrophy, amenorrhœa, impotence, sprains, synovitis after the acute stage, opium habit and alcoholism are among the most prominent of those met with in which its exhibition has

been attended with marked beneficial results. In nervous disorders the range of application is also large. I have observed beneficial effects in local anesthesia, in nearly all the pareses, whether from central or peripheral lesions, or from lead, arsenical or malarial poisoning. An interesting case of arsenical paralysis of the legs below the knees is now under treatment. In neurasthenia, with its myriad attendant symptoms, in disturbances of sensation, hysteria, melancholia, and almost all forms of neuralgia it offers a useful and often speedily curative remedy. In many nervous diseases I prefer the galvanic current, from its greater sedative effect. The list might be much lengthened, but the number presented suffice as an illustration of its field of usefulness, and are noted from cases actually treated.

The few facts which I have presented from my experience, in so rough an outline, I have tried to give in the interests of medical progress, not unmindful of the fact that there exists a prejudice in the minds of many against both electricity and every thing balneological.

BOOK NOTICES.

THE TREATMENT OF DISEASES BY THE HYPODERMATIC METHOD. By Roberts Bartholow, M. D. J. B. Lippincott & Co. For sale by Edwin Ellis. Price $2.00.

Neither the man nor the book need an introduction to the profession. A fourth edition, with revision and additions, appears —a duodecimo of 365 pages and of marked typographical excellence. The writer states that much of the work has been rewritten and over one hundred pages of new matter added. To that large number of practitioners who have confined the use of their hypodermatic (if we must adopt the new philology) syringe to morphia injections for the relief of pain, much of the book will come as a revelation. And he will find there is much to learn of this alkaloid thus used, more than sixty pages being given to it, and especially will he learn how vastly beyond his preconception its therapy is enlarged. It is not offered on his own suggestion alone, for much of it is gathered from others by extended research. Of other opium salts, codeia alone is spoken favorably of, it having special hypnotic action, and also in neuroses of the respiratory organs will prove advantageous. The opium habit receives valuable consideration.

The subcutaneous use of atropia has an accepted place, and its physiological action and therapy, alone and in combination, are treated at full length. It increases heart action, is one of the best remedies for sciatica and some other neuralgias, is to be preferred as the method of giving belladonna for asthma, caution being given against its use in some varieties, and as an antagonist to morphia and the toxic effects of other drugs is successful. Strychnia, ergotine, quinia and a considerable number of other agents are treated in more or less detail. In original observation, compilation and general completeness of presentation of the subject of subcutaneous medication up to the light of the present time, this little book is one of the best contributions of this distinguished therapeutist. F. C. C.

A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinine. By Otis Frederick Manson, M. D., Professor of Physiology and Pathology in the Medical College of Virginia. J. B. Lippincott & Co. For sale by Edwin Ellis. Price $1.00. 164 pp.

No subject is more popular than Therapeutics, and every book upon it has been welcomed for many years. This monograph on quinine treats of one of the most important and most used agents in the materia medica, but one of which there is a great variety of opinion and the most opposite application. It is not for lack of scientific study, however, that this inexactness exists. It has been experimented with not only physiologically, but chemically. Dr. Manson has recorded these past experiments, and in the light of them made others, which he also records. A study of them and his conclusions will be both entertaining and useful to every physician.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Eleventh regular meeting held April 12, 1882.

Dr. J. S. Mosher, President, in the chair.

Dr. N. L. Snow read a paper on Traumatic Stenosis of the Trachea and presented the specimen. He also reported a case of renal calculus of unusual interest. This stone, which was exhibited, had been twenty-five days in passing through the ureter. During all this time the patient suffered severe pain and the usual symptoms of renal colic; was delirious and unconscious

a part of the time. At the end of twenty-five days a discharge of urine was followed by pus, and soon afterwards the stone was ejected. Dr. Snow also exhibited some chips of bone that had been sliced from the tibia of a man who had incautiously come in contact with the knives of a mowing machine while in motion.

Dr. J. S. Mosher said that he had seen a case in which death followed the impaction of a stone in the ureter near its entrance in the bladder. He had observed in this case, as in others, that the ureter behind the stone is much greater than the stone itself. This is produced by the backward set of the urine, producing mechanical dilatation.

Dr. Van Derveer read a paper on the Removal of Meckel's Ganglia. He detailed three cases in which he operated for the removal of nerves for relief from neuralgia. He also spoke of nerve stretching, which he condemned.

Dr. Bartlett said he remembered a case who had been the rounds of all the physicians in the city, and finally came to him for the relief of neuralgia. He used electricity, without much effect. He afterwards tried the hot-air bath; at a temperature of 180° he found relief, but the pain returned after he had emerged from the heated air. He had been operated on for section of the inferior dental nerve, which gave him relief for a while. He had now found a complete cure from riding a bicycle.

Dr. Stonehouse said that he had no good results from aconitia in neuralgia. Gelsemium has done the best service. It must, however, be pushed as far as it can with safety before relief is obtained; when this result is attained, the dose should be diminished gradually. Relief is permanent. In regard to nerve stretching, he had under observation a gentleman who was suffering from locomotor ataxia. Nine months ago he had both nerves stretched, since which he has suffered none of the characteristic pains of this disease, and the motor symptoms have slightly improved.

Dr. Cook said that he had never obtained good results from either gelsemium or aconitia.

Dr. M. J. Lewi had obtained better results in facial neuralgia with quinine, sometimes combined with codeia.

Dr. Perry related the history of a patient who had suffered extremely from trifacial neuralgia. A number of teeth had been successively removed, each with transient relief. No medical treatment had been of avail. He finally left his work entirely and went away for a rest. He then after a time completely recovered.

On motion, Dr. Lorenzo Hale was appointed a delegate to the Union Medical Association of Berkshire, Bennington, Rensselaer and Washington Counties. Dr. Carroll H. Phillips, of Watervliet Centre was proposed for membership by Dr. Theodore P. Bailey.

Adjourned.

Twelfth regular meeting held April 26, 1882.

Dr. J. S. Mosher, President, in the chair.

Dr. W. O. Stillman, of Saratoga, read a paper on the Electric Bath. Discussion on electricity followed.

Dr. Curtis said that Benedict, of Vienna, used to say that the use of electricity is purely experimental. Electricity will, however, do some things. In ulcers of the leg a new action can sometimes be induced, and new granulating tissue will start up. Electricity has certainly the power to produce absorption of adventitious deposits. Cases of aphonia have been treated with electricity with good results. As a tonic electricity, perhaps, has its effects, but, like all other tonics, it is slow and uncertain in its action. It has yet to be developed.

Dr. J. S. Mosher: Good results are obtained in local neuralgias and adenoid growths from the application of electricity, and its effects are often as decided as those obtained from opium, arsenic or any drug.

Dr. Snow thinks that the general profession use electricity as a last resort. He cannot understand howmany of the diseases spoken of by Dr. Stillman can be relieved by electricity. His experience, however, has been small.

Dr. Cook has found it beneficial in leucorrhœa, using the uterine electrode.

Dr. Hall has treated a case of aphonia with electricity on which other treatment had been ineffective. Voice returned after three applications. In anæmic females with intercostal neuralgia or regional neuralgia of any part, has obtained better and more speedy results from electricity than from any thing else.

Dr. J. S. Mosher, from the Committee on Hygiene, gave the annual report.

Drs. W. B. Sabin, of West Troy, and Warren H. Fowler, of Albany, were proposed for membership.

On motion of Dr. W. G. Tucker, Dr. J. S. Mosher was again placed on the Committee on Hygiene as chairman.

The thanks of the society were, on motion of Dr. H. S. Case, tendered to the President for his report.

T. FEATHERSTONHAUGH,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. NOVEMBER, 1882. No. 11.

SOME OBSTETRICAL STATISTICS.

SEMI-ANNUAL ADDRESS BY THE VICE-PRESIDENT OF THE ALBANY COUNTY MEDICAL SOCIETY, J. U. HAYNES, M. D., COHOES.

While endeavoring to find a subject on which to offer some observations on the occasion of our semi-annual meeting, I came to the conclusion to lay before you my obstetrical experience as embodied in a record which I have kept very carefully. I feel that I owe the society an apology for my presumption in appearing to talk so much about myself, and especially to our older members who number their years of practice by scores and their obstetrical cases by thousands. My record embraces a period of only a little over nine years, and so we will consider that I am addressing chiefly our younger members. However, I hope to continue it, and when a quarter of a century is passed I can lay it before the society with quite a degree of pride and satisfaction. To the young practitioner beginning his life's work probably nothing is more trying than his first case of labor, if it happens to be difficult and with a primiparous patient, and she quite hysterical or, what is more elegantly termed, "highly organized." He may have thoroughly mastered the mechanism of labor as presented by the lecturer and have a good book knowledge of obstetrics, but he is practically as ignorant of what is before him as is his patient, but of this fact she is also fortunately ignorant. So, when in her agony she alleges that she is rapidly tending toward death, he perspires freely and disputes her on general

principles, but is full of fear lest she should prove to be correct, and both are encouraged by the older women present. Mutual relief is accomplished by the delivery, but his sense of importance as a factor in it advances immeasurably, likewise his knowledge of obstetric practice. All this is not recorded, but was a part of the experience of my studentship, when, thanks to my most excellent preceptor, Dr. Armsby, I was permitted to be present at and attend more or less seventeen cases of labor. Such an invaluable privilege is, I ween, denied to a large majority of medical students. I do not include in the above cases one patient with whom an older student and myself squandered two days and a night, when we were relieved by being shown that she was not pregnant.

But to return to the matter of my obstetrical record. It includes 440 cases of labor, in a little over nine years, varying from nine cases in 1873 to 80 cases in 1881.

Beginning with the notes of presentations, I find 408 recorded, of which the vertex counts 388, or 95¼ per cent.; the breach 13, or 3 per cent.; the feet 5, or 1¼ per cent.; the arm 2, or ½ per cent. The only note I would add to these figures is that the two arm presentations occurred in the same woman, and I was able, being called early, to prevent the arm and shoulder from becoming engaged in the superior strait, but succeeded in forcing them back and getting the vertex engaged.

The record of the positions in which the presenting parts were found shows the diagnosis made in 321 cases of the vertex presentations and 10 of the breach presentations. Of the first named we find the left occipito-anterior counts 231, or 72 per cent.; right occipito-anterior counts 81, or 25 per cent.; left posterior counts 5, or 1⅔ per cent.; right occipito-posterior counts 3, or 1 per cent.; occipito-posterior counts 1, or ⅓ per cent. Of the 10 breach presentations 4 each, or 40 per cent., were in the left coccygeal anterior and posterior positions, and 2, or 20 per cent. were in the right anterior position.

The list of forceps cases, or instrumental deliveries, shows that they number 50, or a little over 11 per cent. of all the cases. This proves to be greater than I supposed, but the frequency of instrumental cases is steadily on the increase, for some recent statistics that I saw from the Dublin Lying-in-Hospital showed that they had advanced in 35 years from one case in 259, or ⅜ of 1 per cent., to one in 12, or over 8 per cent., while version and

craniotomy had diminished proportionally. However, despite all personal ideas and tendencies in this regard, there is undoubtedly great variation in the character and difficulties of parturition in different years. In the sixth year I find 22 per cent. and in the seventh 19 per cent. are instrumental cases, while in the eighth and ninth years, with a larger number of labors, they drop to 9 and 10 percent. respectively. Of the fifty instrumental cases 27, or 54 per cent., were primiparæ, while only about 20 per cent. of the general list are primiparous; so it is among them, as is well known, that we most frequently meet with difficulty. All but one presented the vertex (or an arm changed to a vertex), and 29 were in the left occipito-anterior position; 14 were in the right occipito-anterior position; 3 were in the left occipito-posterior position; 2 were in the right occipito-posterior position; 1 was in the occipito-posterior position; 1 was a breach presentation. Or, in other words, carrying out the percentages for the entire number of cases, we find that in normal positions only 9 per cent. would require instrumental assistance: In right anterior positions, 13 per cent.; In left posterior positions, 43 per cent.; in right posterior positions, 50 per cent.; In occipito-posterior positions, 66 per cent. One breach presentation was delivered by the application of the forceps to the child's pelvis, all other efforts proving futile, and the child seeming to be dead.

The mother was a closely-built primipara. 26 were males and 24 were females, so the larger size of the male fœtus seems to have had but little influence. In 398 notes of the sexes, 208 were males and 195 were females. In compiling the dates of the deliveries, I am surprised to find that August proved to be the most obstetric month of the year, for of the 423 cases dated it includes 46, or 11 per cent., as against the $8\frac{1}{3}$ to which it is entitled. March is next with 43; then December 42, each about 10 per cent.; then February, 37; May, 35; October, 34; January 33; September and November each 30; June, 27 and April, 24. These figures present no indications of a practical bearing, unless, perhaps, toward cases of sterility, for here we notice that fruitful coitions are more common in the chilly November than even in the leafy June or the budding May and nearly double those in sultry July.

My next observations were directed toward the investigation of the popular notion that most babies are born in the night. There seems to be a slight basis of truth for it. The hour of

delivery was noted in 410 cases. Dividing the day Hebraically into the evening and the morning, we find that 225, or 55 per cent., occurred between 6 P. M. and 6 A. M., against 185, or 45 per cent., during the 12 hours of day. Dividing the 24 hours into four six-hour sections, we find the most deliveries between midnight and 6 A. M., being 125, or a little over 30 per cent., while only 83, or about 20 per cent., occurred between noon and 6 P. M. The six hours of evening and the forenoon present 100 and 102 respectively, being their quota almost to exactness.

Having collided with another whim, that more babies are born on Saturday and Sunday than on other days of the week, I have noted this also for the last 200 cases. It seems to be verified somewhat, for Sunday secures 38 as its share, or 19 per cent., against 13 2-7 per cent., to which it is entitled; 35 occurred on Saturday, or 17½ per cent., 28 on Thursday, 27 on Wednesday, 25 on Monday, 24 on Friday and 23 on Tuesday. I am inclined to think that further observations will maintain this discrepancy in the daily average of deliveries, for it seems possible that when the end of gestation is close at hand parturition might be a trifle precipitated by the manner in which the average housewife "does up her work," as she terms it, as the week draws to a close.

Among the general notes I find that five cases of twins occurred, or a little over one per cent. Twice they consisted of a pair of males and twice a pair of females, while only once was a male and female presented. In one case the two boys nude weighed seventeen pounds, and the double placenta was very large and the amniotic fluid exceedingly abundant. It is hardly necessary to remark that this patient suffered great discomfort after the sixth month, yet her labor was easy and normal. The largest child among all the cases weighed fourteen and a quarter pounds, yet this labor was also easy and normal.

In the laceration of perineums I have been quite fortunate, having but one case that was sufficiently extensive to demand an operation. It involved the perineal body back to the sphincter ani, but in no wise disturbed that muscle or its function. Four stitches were used at once and the wound healed kindly for about two-thirds its length. As the patient suffered no apparent inconvenience, she would not allow any further interference to complete the cure. In about six or eight other cases slight laceration to the extent of perhaps a half inch, but usually less,

occurred. Three of these, at least, happened in normal labors and in spite of all I could do to prevent it. The greatest pleasure is in recording the fact that not a single fatality to the mother has occurred, nor from any sequelæ, nor in any manner so as to bear any relation to the labor. In three cases there were well-marked puerperal convulsions, but the free use of morphia and rapid instrumental delivery saved all the mothers, though one of them is now (four years after) in the Utica Asylum, suffering from softening of the brain. In no case have I had to call for counsel or assistance from my professional brethren, but have accomplished the deliveries with such success as the records show. And in this relation I wish to testify to my keen appreciation of the teachings of Prof. Seymour in regard to the mechanism of labor. I am fully convinced that, considered in its mechanical relations and in its practical bearings, the most important plane of the female pelvis is a plane coincident with the pubic arch, and that the axis of this plane is the line of motion which the child's head must follow when it has reached the plane of the inferior strait. The sooner we bring the occipito-mental diameter of the fœtal head to correspond with the axis of this plane, which with the patient on her back is almost a perpendicular line, the more thoroughly will we protect the soft parts from undue distention and more quickly relieve both mother and child.

My uniform practice for the last five years has been to rupture the membranes as soon as there was any protruding sac, to rupture always, provided the os was open to the extent of one inch or more. I was led to this by doing it at first accidentally and observing the relief it afforded the patient and in seeming to change the character of the pains, but especially in promoting the dilatation of the os from the direct pressure of the fœtal head and the steady application of warm amniotic fluid. Some of my friends have urged against this the increased liability of laceration of the cervix, but I have failed to discover any such indication, and propose to investigate farther with that idea in mind. As post-partum treatment, I secure in every case, as near as possible, the free use of vaginal injections made antiseptic with salt, borax, alcohol or carbolic acid.

In four cases it seemed necessary to interfere with force and arms to remove adherent placentæ. Only one case of placenta prævia is recorded. It was not a central implantation over the

os,but a large flap protruded along the posterior border in advance of the head. Rapid delivery of the fœtus and placenta barely saved the mother, who was apparently too exsanguinated to possibly recover.

The shortest period noted in any case from one full-term labor to the next was ten months and ten days, which I hope will not be shortened. The longest period noted was nineteen years and three months, during which time the patient, a healthy, strong woman assured me she had not been pregnant. Her first child was born when she was 24 years of age, and she was at this time in her 44th year. She had not been a widow, and had lived with the same husband continuously during all those years. This case seems to offer some hope to the apparently sterile.

BOOK NOTICES.

Essentials of Vaccination. By W. A. Hardaway, M. D., of St. Louis. Jansen, McClurg & Co., Chicago, publishers. Price $1.00.

It is 84 years since Edward Jenner published his first book on this subject. A vast amount has since been written upon the most valuable contribution of the last century to this. It is partly because of this fact that the above entitled monograph had its origin—the conviction that much of the literature of vaccination is inaccessible to the general reader. The little volume of 150 pages does not pretend to be comprehensive, but it contains, in aggregated form, the essentials of the historical facts and of the practical conclusions to the present time. Among the more interesting chapters are those on the merits of different kinds of virus, on the propagation of bovine virus, the operation of vaccination and an examination of the objections to vaccination. Constancy and reiteration of assertion are necessary to compel the popular mind to an appreciation of this important matter; meantime the profession itself needs reminding against carelessness and error in it. A perusal of this book will do all good. Its author is a prominent dermatologist, well-known to all familiar the recent literarature of that department. The book is well inscribed to Dr. Frank P. Foster. F. C. C.

THE DISEASES OF THE RECTUM. By William Allingham, M. D., F. R. C. S. Fourth edition, 1882. Philadelphia: P. Blakiston, Son & Co., Publishers. Octavo, pp. 168. Price, cloth, $1.25; strong (Antique) paper covers, 75 cents.

This is the fifth volume of an octavo series. Each book can be bought separately, a point which ought to add to the popularity of the suite.

The name Allingham is a sufficient guarantee of the good qualities of this book, both as to soundness of doctrine and ease of style. That the author is held in high esteem is shown by the translation of the previous editions into the French, Italian, Spanish and Russian languages. In this fourth revised and enlarged edition an index is added.

In the matter of the injection of carbolic acid into internal piles, the author is not as enthsiastic as are many surgeons in America, yet fair credit is given to American views and methods. The practitioner will find this treatise a most lucid and reliable guide in the management of diseases of the rectum. L. H.

THE THROAT, by Prosser James, M. D., is one of a duodecimo series of "Hand-books for Physicians" now being published by P. Blakiston, Son & Co., Philadelphia. Price, cloth, $1.25; paper, 75 cents. Price reduced if five volumes of the series are bought at one time.

While it is true that diseases of the throat are becoming more and more the territory of specialists, yet there is no physician who is not called upon to treat some form of sore throat. To the general practitioner and to the specialist this little book is of value, and it will be read through by many who would read but little in a more pretentious volume.

To the intrinsic value of this treatise, the publishers have added the attraction of good paper and clear type and necessary colored plates and engravings. L. H.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. By William Murrell, M. D., M. R. C. P., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital; Senior Assistant Physician to the Royal Hospital for Diseases of the Chest. Detroit, Mich.: George S. Davis, Medical Publisher. 1882. Small octavo, 78 pp., heavy toned paper. Cloth bound, embossed in gold. Price $1.25.

Dr. Murrell presents a large amount of clinical experience tending to prove the claim of Nitro-Glycerine to be the remedy

for that most alarming malady, Angina Pectoris. His cases have been carefully studied and are fully reported. The history of this comparatively new remedial agent and its physiological effects are given at length, and the directions for its administration are particularly valuable. A copious index closes the volume. It is unnecessary to say that the typography and binding are all that could be wished. S.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Semi-annual meeting of Medical Society of the County of Albany, May 9, 1882, 3 P. M.

The president, Dr. J. S. Mosher, in the chair.

The minutes of the last annual meeting were read and, on motion, adopted.

The Board of Censors reported that they had examined the credentials of the following gentlemen and had found them satisfactory: Carrol H. Phillips, Clark W. Greene and W. B. Sabin. On motion the secretary was instructed to cast a ballot for the election of these gentlemen, and they were declared elected.

On motion the by-law requiring the election of a nominating committee at this meeting was suspended.

Dr. A. Van Derveer gave notice that at the next annual meeting he would move to abolish the law relating to the nominating committee.

Dr. J. U. Haynes delivered the semi-annual address. On motion a vote of thanks was extended to Dr. Haynes.

Mrs. J. H. Armsby, through the secretary, presented a picture of the late Dr. Armsby. The secretary was directed to convey to Mrs. Armsby the thanks of the society.

Dr. Mosher requested all of the members to present their portraits.

Dr. Bailey moved that some notice be taken, at a future meeting, of the late Dr. P. B. Noxon, once a member of this society.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. DECEMBER, 1882. No. 12.

EDITORIAL.

—THE ANNALS: A RETROSPECT AND AN ANTICIPATION.—The first number of this journal opened with a salutatory, and, making its bow of introduction, stated the cause of its existence. It said that its aim was not pretentious. A few definite things gave it origin, and these it proposed for its particular work. One of these was to print an installment of the proceedings of the Medical Society of Albany County. As most who read this will know, the society already has two volumes of its transactions completed. These brought them down to 1870 from the beginning of the society, a period of sixty-five years. The ten years from 1870 to 1880 had already accumulated material to fill a volume equal to these in size; to print this in monthly installments was the first object of the journal. Then the opportunity offered in this connection to print other matter of current occurrence, the society's papers and proceedings, hospital notes, items of local and general interest and articles from time to time contributed from abroad or at home.

It will, no doubt, please our readers and those interested in the journal to learn that the first of these proposed objects—the printing of the old transactions—is completed with this number. It will be seen by reference to the last page that we have printed a volume of about 400 pages, and as large as either of its predecessors, which cover over sixty years of the history of the society. That the ten years covered by this work have been years of very considerable activity can be readily conceived. To reduce it to

even so small a limit has made very close abstracting necessary and the omission of much that was of transient interest.

During the same period THE ANNALS has printed about 500 pages of so-called current matter. This has included all that has come before the society and also considerable contributed outside of this channel.

A somewhat unique journal has been carried on. Its method is not, however, one to be commended. It has hastened the completion of the old matter so as to get through this year with the broken make-up of the journal, a thing which seemed imperative if we were to have any continued circulation outside of this county. This is our excuse for devoting so much of the space at our disposal of late to this historic matter.

The paramount object of the journal having been completed, the question arose to those having it in charge whether to continue it. It has secured a position in the field of journals, has, we may say, a clear record, and has published considerable material that has found a place elsewhere. It is not immodest to say that our little journal has a fair name. It gets also a good list of much valued exchanges and something of review work.

It was determined, however, to suspend it unless the profession of this locality gave a decided expression in favor of its continuance. Having brought the matter in a most impartial manner to the notice of these of this city, in public gatherings as well as to individuals, it appears that there is a desire that it shall continue. We have been gratified with many warm assurances of this. By the order of the society, then, the journal will go on, and on the strength of these assurances of interest we are certain that it will be a much better journal than heretofore, representative of this region, not only, we hope, of Albany, but of its wide environs. We also hope to make it more than heretofore an organ of the Alumni Association of the Medical College. Free from the disjointed make-up of its first three years, and with its pages open not only to the Albany County Society, but to all the profession about us, as individuals or societies, from whom contributions will be welcome, as well as all the alumni, we feel warranted in having large anticipations for 1883.

Owing to lack of space this month, we find it necessary to postpone the publication of the title page, preface and index to Vol. III. of the Society's Transactions until a subsequent number.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Annual meeting held October 10, 1882.

The president, Dr. J. S. Mosher, in the chair.

The following members were present: Drs. J. S. Bailey, Theo. P. Bailey, Ball, Bartlett, Bigelow, Boyd, Buffinton, D. C. Case, R. D. Clark, Cook, Classen, Curtis, Freeman, Gould, Hailes, Hale, Hall, Haynes, Hays, Keegan, La Moure, M. J. Lewi, March, Mereness, Merrington, Moore, J. S. Mosher, Munson, Murray, J. W. Nellis, T. W. Nellis, O'Leary, Perry, Purple, Rouchel, Ritzman, A. Shiland, J. C. Shiland, Snow, Steenberg, Stonehouse, Tefft, Thompson, Townsend, Vander Poel, Jr., Van Derveer, Van Slyke, Ward, Woodward, Merrill, W. H. Fowler, Samuel Peters, C. W. Greene.

In the absence of Dr. Thomas Featherstonhaugh, secretary, who had removed to New York city, Dr. Jno. Ben. Stonehouse was elected secretary *pro tem.*

The treasurer, Dr. Maurice J. Lewi, read his report, which was, on motion, referred to an auditing committee, on whose subsequently favorable report it was accepted. A discussion followed as to the whereabouts of the volumes of Vol. II. of the society's Transactions, which the treasurer stated had not been transferred to him. On motion of Dr. Curtis, the treasurer for the ensuing term was instructed to make a search for the missing volumes, and when found to present a copy to each member who has joined since 1879, not already supplied.

Dr. Curtis, from the committee on editing and publishing the Medical Annals, read the report of that committee as to the management of the journal during the year and offering suggestions for the future. The committee, was, on motion of Dr. S. H. Freeman, invited to continue its labors.

Dr. Samuel B. Ward, from the Board of Censors, reported that they had examined the credentials of the following applicants and recommended their admission to membership: Drs. Samuel Peters, of Cohoes, graduated at Castleton, Vt., 1846; Frank S. Peters, Cohoes, graduated at Albany Medical College, 1874; Henry Hun, Albany, Harvard Medical College, 1879; Warren H. Fowler, Albany, Jefferson Medical College, 1879; D. S. Fleischman, Albany, Albany Medical College, 1881; George E. Lyons, West Troy, Albany Medical College, 1882. The report was accepted, and all the gentlemen reported were unanimously elected to membership.

Dr. Van Derveer moved, in accordance with previous notice given, that the committee on nominations be abolished. Carried.

Dr. William Hailes nominated for membership Dr. Charles H. Crawford, Albany, who graduated at the Albany Medical College, 1880.

The president called attention to the fact that in order to have our delegates to the State Medical Society admitted to that society it would be necessary to take some action in reference to the code of ethics.

Dr. S. B. Ward offered the following:

Resolved, That this society does formally adopt the code of ethics adopted by the Medical Society of the State of New York at its last meeting.

Drs. Ward, Mosher, and Van Derveer spoke in support of the motion. Dr. J. S. Bailey opposed it, and Dr. John M. Bigelow thought that the action was not necessary, because the terms of our by-laws met the change. The resolution was adopted finally without dissent.

The President delivered the annual address, of which an abstract only is obtained, as it was delivered without notes, on "Cell Development in Modern Science."

In the broader light of later discovery, with the improvements in the microscope and the developments of modern science, Virchow's cellular pathology reaches us as a rational view of disease and death, depending on the conditions of the cell, which is the element of life. The cell is the ultimate form of matter as we now know it. The name given to it is the relic of a theory which has prevailed so long that it is adopted for convenience. The *torula*, when planted in its proper solution, utterly destroys the composition of the fluid in which it is placed, and from the ruins develops its own peculiar growth. From this we learn that the primary cell has the power of selecting foreign matters and assimilating them for its own special tissue organization. The yeast plant increases its growth when properly placed in a suitable material. The cell of all organized growths does the same. The human organization and its functions are the product of the cell and an aggregation of them with their multiplied power of increase. The *penicillium* grows in its proper place, and in its development takes from organized material its support with a power of destruction which simulates disease. The *mycoderm* in the same solution that develops the yeast plant will enforce its growth, and, destroying it with equal power, produces entirely different results. The product of the *mycoderm* is vinegar; of the *torula*, alcohol — both growing in a solution of sugar. Different ferments destroy, and each in its kind produces its characteristic result, just as in the human economy the different cells which may be planted interfere with the normal conditions and produce disordered action, each of its own kind and each a different disease. It is a question of the strength of their vitalities. *The cell of a ferment growing in and at the expense of the cell of an animal organization produces as a result the disturbed action known as disease.* Thus, the ferment of a rattlesnake's bite produces death in a few hours; the cell of small-pox produces disease in a fortnight; of scarlet fever in a day; of diphtheria in a different time and of a different sort and kind, each having its own law of growth and devel-

opment, and each being a specific disease to be treated by different methods.

The germs of these diseases are in the air, and derived from instances of the same disease which have produced them. Their power is to destroy growth, and many of them, if not successfully treated by remedies which interfere with their development, result in death. The little cell can, as we have so often seen, have power, by working with the elements of life in different organizations, to destroy them completely. The firmest textures yield to their aggressive growth. The little and delicate rootlet of the tree crumbles to dust solid rock; wooden plugs driven into granite take moisture from the dew, and rend the rock as effectually as gunpowder. The one is a magnificent illustration of terrific force, the other of the quiet and irresistible impulse of a power acting on a molecule which nothing but natural law can stay. Thousands of millions of tons of power move with the quiet energy of the tide, lifting the heaviest ship and breaking the strongest barriers that man or nature places before them. Without a sound that can be detected by the ear or by the most delicate combination, forces are brought into play as easily as the light wind moves the dust from its most sensitive rest. These facts teach us to give full value to the power of the cell when, in its growth, it takes root in the human orgrnization and produces disease.

The treatment for the cure of these diseases is to arrest their growth. Modern therapeutics divides medicine into anodynes and stimulants, which act upon the plasma of the cell; the one to repress and the other increase its power; and a third class of anti-ferments, which destroy it. Opium, and the class which it represents, are instances of the anodynes; alcohol of the stimulants, and a large class of the most valuable medicines known which are positive in their results are the anti-ferments or germicides. From the thousands of medicines known, some of which are speculative in their values and based upon statistics which experiment has shown to be unreliable, we turn to the positive values of quinine, the mercurials, arsenic, sulphur, iron, chloral, salicin and others of their class almost of equal value, and which never fail when properly applied. The progress of medicine has been to develop these, and to learn the ferments which are disease producing, whose ravages they prevent. Most of the prominent diseases are placed in the same class as chills and fever, and are as certainly relieved by proper medicines of this class as that is by the use of quinine. Medicine, under the impulse of discoveries of which this knowledge is the outcome is rapidly becoming a fixed, instead of an empirical science. Shoulder to shoulder it advances with surgery. It is regulated by a knowledge of natural law that comes by experience, but is no longer experimenting. Within a period of time compassed by the possibilities of life in all now present, the prominent diseases most terrible in their character, most

deadly in their results, and, till this date, most uncertain in their methods of relief, will be as controllable as any other results in science, under the knowledge of natural laws. Medicine, reaching liberality in its theories and claiming accuracy in its methods, will stand foremost in the line of the sciences whose results can be recorded under the established laws of cause and effect.

Dr. Wm. Hailes moved the thanks of the society to Dr. Mosher for his learned and eloquent address. Carried.

Election of officers being next in order, resulted as follows:

President—Dr. N. L. Snow, of Albany.

Vice-President—Dr. D. C. Case, of Slingerlands.

Secretary—Dr. Maurice J. Lewi, of Albany.

Treasurer—Dr. Theodore P. Bailey, of Albany.

Censors—Drs. B. U. Steenberg, John M. Bigelow, Franklin Townsend and Harriet A. Woodward, of Albany, and John U. Haynes, of Cohoes.

Dr. S. B. Ward moved that the society decline to elect delegates to the American Medical Association, because of the action of that body in refusing to admit delegates from our State Society at the last regular meeting, and as they would probably decline to admit ours. Carried.

Dr. A. Van Derveer offered the following, which was adopted:

Resolved, That the incoming Board of Censors be requested to present some plan, acceptable to the society, for the casting of ballots in the election of officers.

Dr. John M. Bigelow moved that the thanks of the society be tendered to the retiring president for his able and dignified management of the meetings of the society and also for his earnest efforts for the interests of the society during the past year. Carried.

Adjourned.

JNO. BEN. STONEHOUSE,
Secretary pro tem.

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THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

TUESDAY, FEBRUARY 1, 1881.

EDITORIAL.

The Albany County Society is pleased to again welcome to Albany the Medical Society of the State of New York. Standing as it does first in rank among State Societies, its meetings form an epoch in medical literature of no mean importance. We are deeply sensible of the many and great advantages to the profession of our city from the yearly gathering in our midst of so illustrious a body. It shall be our highest aim to promote, as far as is in our power, the comfort and convenience of the members of the State Society. With this view we offer a daily edition of THE MEDICAL ANNALS, a monthly journal of the Albany County Society, which will contain a complete account of the transactions, and the programme for each day.

The season at which the Society meets is unfortunate as regards the securing a hall to hold its meetings in. An unusual number of courts are held at this time of the year, and they have a prior claim. Other societies also meet here at near this time. It would be desirable, perhaps, to have more uniformity as to the place, though the posters in the hotels give notice, conspicuously, of the place of meeting. The committee of arrangements and receptions have often found difficulty in getting suitable accommodations for the Society. Agricultural Hall is central to the hotels, and answers the purpose very well. The City Hall, in which the Society has so often met, was destroyed by fire on the 10th of February last, soon after the last session of the Society.

OFFICERS AND COMMITTEES OF THE SOCIETY ELECTED AT THE LAST MEETING.

President—Wm. H. Bailey, Albany.

Vice-President—Abraham Jacobi, New York.

Secretary—Wm. Manlius Smith, Manlius.

Treasurer—Charles H. Porter, Albany.

Censors—Southern district: J. W. S. Gouley, C. R. Agnew, Austin Flint, New York: Eastern district: E. D. Ferguson, M. H. Burton, W. S. Cooper, Troy. Middle district: Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, Utica. Western district: C. C. Wyckoff, T. F. Rochester, Buffalo; H. Lapp, Clarence.

Committee of Arrangements—S. B. Ward, F. C. Curtis, J. S. Mosher, Albany.

Committee on By-Laws—W. C. Wey, Elmira; A. Hutchins, Brooklyn; C. A. Robertson, Albany.

Committee on Hygiene—E. V. Stoddard, Rochester; D. Guernsey, Amenia; J. S. Mosher, Albany; J. G. Orton, Binghamton; C. R. Agnew, New York; E. Hutchinson, Utica; Harvey Jewett, Canandaigua.

Committee on Legislation—H. G. Piffard, New York; A. Hutchins, Brooklyn; A. Van Derveer, Albany.

Committee on Medical Ethics—Thomas Hun, Albany; E. M. Moore, Rochester; C. R. Agnew, New York.

Committee on Prize Essays—E. M. Moore, Rochester; T. F. Rochester, Buffalo; Wm. S. Ely, Rochester.

Committee on Publication—Wm. Manlius Smith, Manlius; H. D. Didama, Syracuse; Charles H. Porter, Albany.

Censor for the College of Medicine, Syracuse University—A. Jacobi, New York.

Delegation to the National Convention for the Revision of the Pharmacopœia—Wm. Manlius Smith, Manlius; Caleb Green, Homer; J. D. Rushmore, Brooklyn.

Last year's business committee was composed of Drs. Alexander Hutchins, B. F. Sherman and Miles G. Hyde. The committee on credentials: Drs. J. W. S. Gouley, L. E. Felton, and H. B. Allen.

The following societies and colleges will be represented in the State Society by new delegates, the four years' services of past delegacy from them having expired: Albany, Cattaraugus, Cayuga, Chemung, Oneida, Otsego, Richmond, Rockland, Saratoga, Schenectady, Steuben, Sullivan, Tioga, Tompkins; Med. Dept. of Union University, Med. Dept. of University of Buffalo, and College of Medicine of Syracuse University.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will meet in Richmond, Va., on the first Tuesday in May, 1881.

Those desirous of attending as delegates should at once signify the fact to the member of the nominating committee from their district, that the selection may be made at this meeting of the New York State Medical Society.

Last year, in accordance with previous directions by the Society, for the first time, the annual entertainment was provided by the committee of arrangements, and at the expense of those participating in it.

It was a happy thought which prompted the Notman Photographic Company to undertake, at its Albany establishment, the production of a large picture of the State Medical Society.

This company has already made some famous and elaborate pictures of the same character—those of the New York State Legislature and Court of Appeals (all as if in session) having attracted great attention, and received well-merited praise.

It is not competent for us to describe the result and still more difficult to explain the process employed in producing a picture embracing hundreds of individuals *separately photographed*, while the finished work betrays no suspicion of such individual action. The natural inference is that some clever *artiste* had adjusted his lens at the one (impossible) moment when every man was at his very best—looking and posing the right way.

The working sketch of this picture shows the officers and members of the Society assembled, preparatory to the hour of meeting, a large number being in attendance.

All delegates, honorary and permanent members are included in the scope of this undertaking. It has been intended to request such to visit the Notman studio, that their negatives may be taken, and they will be cordially received if they do so.

LEGITIMATE PHARMACY AS ALLIED TO MEDICINE.

The study and treatment of disease, it is not disputed, is the exclusive privilege of the physician, and any interference with this prerogative cannot, even in the interests of the patient, be too roundly condemned. Formerly, it was also the exclusive privilege of the physician to prepare and dispense drugs, but gradually medicine became so broadened and deepened under

study that it became impossible for him to longer do this, and the result was the introduction of pharmacy. The latter has, under the study of intelligent men and scientific processes and through the very demands of advancing medicine developed into a separate and more or less distinct profession. But although medicine proper and pharmacy are in a measure separate professions, there nevertheless exists between them a community of interest and purpose which will always cause each to be dependent on the other. It is true, medicine as a distinct profession could exist to better advantage without the aid of pharmacy, as a distinct profession, than could pharmacy without the aid of medicine. The relation between the two might be aptly likened to the hand and the glove—medicine being the hand, and pharmacy the glove. The glove is useless without the hand, and though the hand could exist without the glove, the existence would be at the expense of great discomfort, inconvenience and even hardship.

Being so mutually dependent upon each other, it is to be regretted that aught should arise to disturb the proper harmony of their relations. That such disturbing causes have arisen, is indisputable, and a feeling of strong suspicion has been engendered in the minds of the profession against the pharmacist. The practice of counter-prescribing has, doubtless, done much to foster this feeling as against the retail pharmacist. The evil, reprehensible as it is, is perhaps not wholly unprovoked, but it is not our purpose now to argue either the *pros* or *cons* of the question as it affects retailers. We desire now, more particularly, to inquire into the estrangement which is, it is to be feared, yearly becoming greater between physicians and wholesale manufacturing pharmacists. We believe that the chief cause of this feeling may be found in the behavior of the latter; we speak of them as a class, ignoring for the time being the several honorable exceptions. The manufacturing pharmacists of this country, although ostensibly yielding deference to the ethical obligations of their patrons the medical profession, have openly and defiantly, for years, not only been violating these obligations, but have, through such violations, wrought great detriment to the interests of all ethical physicians. We refer now, more particularly, to their practice of copyrighting pharmaceutical compounds and protecting other preparations by means of trade-marks or patents, thereby forestalling all legitimate and wholesome competition, and enabling them to place individual preparations on the same basis before the public as the most notorious patent medicines. It does not alter the case (unless it aggravates it) that the manufacturers introduce their preparations through the medical profession. It is notorious that many nicely-prepared copyrighted prepara-

tions are now largely bought directly by the public, who have been led to purchase them from having had them prescribed by attending physicians. Many of them are too largely advertised in the regular press, and the advertisements freely interlarded with certificates from prominent physicians—certificates originally given for publication in medical journals, and only for the eyes of the profession.

The evil we have referred to is a monstrous and growing one, and imperatively demands correction. We are glad to note that the profession in Philadelphia have become aroused to the necessity of action against it, and we sincerely trust that the result of negotiations now pending between the physicians and pharmacists of that city will stimulate the profession through the country to action in the matter.

As we intimated above, all of our manufacturing pharmacists are not committed to these abuses. There are two honorable exceptions, and it behooves the medical profession to boldly extend the hand of fellowship and their patronage to those pharmaceutical houses who will affix their signature to a platform which any physician, with due regard to his code of ethics, can conscientiously sustain. That there are pharmaceutical houses who have already taken this stand is a fact, and we have no doubt that others will follow in their wake when their attention is plainly called to the importance of doing so. We point with particular satisfaction to the names and records of Dr. E. R. Squibb, Brooklyn, and Messrs. Parke, Davis & Co., of Detroit. Concerning the former gentleman, it is unnecessary to make any remarks, as his name and record are too familiar to the medical profession to require our commendation. With regard to Parke, Davis & Co., however, in view of the fact that, as a western house, their name has only been known to the eastern profession within the past two years, we feel it our duty, as well as pleasure, to here make a profession of our entire confidence in the integrity of their methods. We have, ourselves, carefully watched their movements in the vicinity of Albany, have read with interest the printed platform upon which they work, and to which they affix their signature, and we sincerely hope that we may be able, ere long, to add the names of others in the manufacturing line who will assume a similar stand.

Referring particularly to the policy of Parke, Davis & Co., in the introduction of new remedies, we think that here again they merit the entire sympathy and assistance of the profession; investing large amounts in the collection and importation of those drugs which have earned a satisfactory reputation abroad, they place them upon the American market, subject wholly to the critical tests and observations of the

medical profession, based upon samples which are freely and gratuitously distributed. If a drug is a failure, surely no one is the loser, but the enterprising firm who have invested their capital upon the basis of the statements of physicians abroad. If the drug proves a success, as has been definitely established in the cases of Rhamnus Purshiana, Eucalyptus globulus, Coto bark, Guarana, Coca, Yerba Santa, and many others introduced by this firm, surely the profession and humanity are the gainers.

THE AMENDED BY-LAWS.

Among more recently constituted committees are those on Hygiene and Legislation. The former consists of seven members and has been in operation for several years. It is important as putting in form the work of the Society in this direction. The latter, a new committee, is composed of three members. Its duties are "to watch the course of State Legislation on medical subjects, and to take charge of such matters pertaining to medical legislation as shall be referred to them by this Society." It is also their duty to report at the annual meeting by-laws affecting medical matters passed during the year.

Changes have been made in other committees, so that the by-laws, as printed in the last volume of the transactions, differ essentially from the old by-laws printed in 1869.

One change in the by-laws is to be borne in mind, as of personal interest to permanent members, viz: That the annual dues of permanent members is now five dollars. Also that the payment of it is to be made at the beginning of the session. Failure in this prohibits registry. There was considerable discussion on this point last year, but it was adopted by a considerable vote. It goes into effect this year.

There was some discussion, also, as to whether county societies, or their delegates, should pay the annual dues of five dollars for each delegate. While it was decided that the societies should pay it, there are some reasons why it should come from the delegates, personally. To be sure the society secures its representation through them, and it is the point where the greater and lesser societies touch; but, on the other hand, the delegacy is so desirable that, in Albany county, at any rate, and presumably in all, there is strong effort made to secure it. It is the most sought after of any office, and in the larger societies many never attain to it. If so desirable, it

should be worth, to the successful aspirant, what it costs the society. Moreover, failure on the part of his treasurer to pay the society dues prevents his registering, unless he assumes the charge himself, and here again it is a question whether, in case his society were entitled to more than one delegate, he would be allowed to register then, unless the whole sum were paid.

The secretary has thoughtfully placed in the appendix to the transactions (1880), after the lately-adopted by-laws, the portions rendered inoperative by the legislative enactments of last winter. It is only the parts of sections relating to licensing to practice medicine, which is taken away from the society by the "Registration law." This has practically been a dead letter for a long time, very few having been licensed in many years. But it is better to negative it entirely. Many believe that diplomas or licenses are still too loosely granted, by reason of too many sources of obtaining them from the medical schools, and that there should, in some way, be a single standard for the state. Taking away the power to grant them from the sixty societies in the state, is in the right direction, as all will agree, even though it was a power so little used.

The "Transactions" of 1880 will be the best book of reference since 1869. In addition to the by-laws printed in full, with all amendments to date, there is also a contribution from the committee on legislation, of much permanent value—a compilation of the laws of the state relating to the medical profession, prepared by them in pursuance of a resolution requesting it of them. The work has been done before, bnt this is complete to date, and in a proper place for preservation and reference.

The newly-amended by-laws are, in the main, all that can be desired. They were clearly drawn up by one who had the best interest of the society at heart, and was zealous in securing them. The great trouble in most legislative affairs is that there is too much of it, and this code is not above that criticism.

There are 130 delegates from county societies. If all these societies took and paid for copies of the transactions in the proportion directed in the by-laws (5 for every delegate), it would dispose of a good part of a large edition. Who devised this plan for paying for this publication, probably a perusal of past proceedings would show, but it is difficult to see why it should enter into the organic law of this Society. As a request for patronage it might have stood under the form of a resolution; as a legislative amendment, it cannot be presumed to have binding force.

The subordinate society absolves itself from pecuniary obligation in the payment of its yearly tax; that goes with its representation, and maintains it. County societies have their own expenditures, among others, for their monthly meetings, which they are enjoined to hold, requiring close economy on the part of their officers. A state law prohibits them from exacting annual dues from members of more than one dollar. Assuming this tax, they add one and a half times as much to their regular tax, making it $50, where it was before $20. Clearly this is onerous. The State Society would absorb one-third to one-half their yearly income. Solicitation of subscriptions for copies could reasonably be requested, and the number fixed on would doubtless be taken, is now, probably, by individuals. The Society cannot be held responsible, either in law or honor. The publication is desirable, and in good form, too, and it is worthy of wide circulation, but as well may the county societies be compelled to pay directly the expenses of this annual meeting or any other detail of its management. The tax on permanent members alone, which is legitimately enforcible, would do it, to say nothing of $750 income from county societies' tax and initiation fees. If it will not, then print a cheaper book. The committee appear to have transcended here the spirit of one of its instructions which required them "to report such laws as are impracticable or oppressive to county societies." At least, such is the opinion of the reporter.

Dr. Wm. Hailes, Jr., professor of histology and pathological anatomy, in the Albany Medical College, is expected to deliver, this evening, by special request, an address, entitled "A plea for more practical work in the laboratories of our medical schools," illustrated by micro-photographs, exhibited by means of the oxy-hydrogen light. We can assure our readers that those who attend will be amply repaid, as many new and important points in laboratory *technique* will be elucidated, and improved apparatus exhibited.

PAPERS EXPECTED.

Dr. T. Gaillard Thomas, of New York, was expected to present a paper, but writes that the sickness of his partner will prevent his attendance.

Dr. John C. Dalton will make the report of his committee on experimental medicine and matters relating to vivisection. Some time early Wednesday morning has been assigned to him.

Dr. E. C. Seguin will read a paper some time Wednesday. Subject: "The early diagnosis of some organic diseases of the central nervous system."

Dr. Lucius E. Pelton, of Potsdam, St. Lawrence county, will present a paper on "Medical Induction Coils."

Dr. N. L. Snow, of this city, will read a paper during the session.

Dr. C. R. Agnew will be here Tuesday evening.

Dr. J. Foster Jenkins also writes that he is coming.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

WEDNESDAY, FEBRUARY 2, 1881.

EDITORIAL.

THE VIVISECTION QUESTION.

Our legislature will probably be again besieged by those crude prevention-of-cruelty philosophers, who sometimes seem to prefer that humanity should suffer rather than the lower animals.

The law proposed a year ago, to prevent physiological experiments and vivisection, could be so construed as to brand as the act of a criminal, even so slight a solution of continuity as is sufficient for the propagation of the virus of cowpock.

By the efforts of Dr. J. C. Dalton and Dr. John G. Curtis, and of the Committee on Experimental Physiology of the Medical Society of the State of New York, which consisted of Drs. James R. Wood, Willard Parker, N. C. Husted, of New York; E. M. Moore, of Rochester; James P. White, of Buffalo; Geo. J. Fisher, of Sing Sing; T. H. Squire, of Elmira; S. O. Vander Poel, of Albany; J. C. Hutchison, of Brooklyn and H. D. Didama, of Syracuse, the legislature were enlightened as to the damage to the public good, that would follow the adoption and enforcement of this absurd prohibitory law.

While common humane instincts should prevent unnecessary slaughter, and while the profession should raise its voice against needless cruelty in physiological experimentation, yet philanthropy overshadows love of beasts, and we must remember that we are clothed and fed by the slaughter of animals.

The cruelty of the surgeon's knife is often required for the ultimate relief and benefit of a single individual; and this fact is approved even by the anti-vivisectionists themselves; but the knife of the physiologist has an extended field of usefulness, bringing knowledge and benefit to our universal race.

Since the foregoing was in type, we have received the following transcript of the new bill introduced in the Assembly by Mr. Alvord and referred to the Committee on Public Health:

"AN ACT to prohibit vivisection of animals."

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SEC. 1. Every person who shall perform, or cause to be performed, or assist in performing, in or upon any living animal, an act of vivisection, shall be guilty of a misdemeanor.

§ 2. The term vivisection used in this act, shall include every investigation, experiment or demonstration, producing, or of a nature to produce, pain or disease in any living animal, including the cutting, wounding or poisoning thereof; except when the same is for the purpose of curing or alleviating some physical suffering or disease in such living animal, or in order to deprive it of life when incurable.

§ 3. This act shall take effect immediately.

PROCEEDINGS.

FEBRUARY 1ST, 1881.

The Society was called to order at 11 o'clock a. m., by the President, WM. H. BAILEY, M. D.

The meeting was opened with prayer by the Rev. W. W. BATTERSHALL.

The President then read the opening address.

INAUGURAL ADDRESS OF THE PRESIDENT.

Gentlemen of the Society: I am deeply indebted for your partiality in selecting me as your president—an honor the more distinguished because of the character of the men you have always heretofore selected for this high office, and the more to be appreciated, because the compliment comes from the Medical Society of the State of New York. My interest in and relations with this Society have been long and intimate. Commencing in 1854, I have been present at every meeting—an earnest listener or an active participant in its deliberations.

Twenty-five years have passed since the first organization of the Society. It was organized, as its founders expressed it,

"for the purpose of regulating the practice of physic and surgery, and to give to the medical profession an honorable station in the community." Never was an honorable purpose more liberally rewarded with the most abundant success. The history of our Society, if carefully written, would show a most creditable record.

* * * * * * *

Our annual volume is our biography, historical and professional, bequeathed to us from the fathers in the profession. Let us cherish it; let us, while we may, improve and enlarge its scope, discourage any thought or suggestion of discontinuing it or impairing its usefulness.

Our code of ethics was made to meet the necessities of early days, and undoubtedly served an admirable purpose then, besides having been comparatively useful since. But in the progress of years the wants of the profession have changed, and I recommend that the present code be materially revised, or a new one made in harmony with the changed conditions of the profession.

The "Registry Law" of 1880 has its defects, but is really beneficial in many ways. The state recognizes three schools of practice, and by law gives every physician his fair selection. It practically requires identity by compelling the practitioner to avow his fidelity to one of these systems, and requires also a paternity from the school he selects, in the tangible form of an authorization to practice. The effect of this, no doubt, will be salutary. But the law of 1872 (examination by Regents), contains a glaring defect in the requirement that such examinations shall be "according to *each* of the systems of practice," which, by authorized interpretation, requires an examination in *all* the systems recognized by law. I recommend that this Society apply for an amendment which shall make each school responsible for its own faith and practice.

While this Society has accomplished so much in establishing the influence of the profession, and in elevating the standard of instruction, for those seeking to enter its ranks, it deserves equal praise for its efforts to educate the community as to the necessity of sanitary reform. One result of these efforts for the promotion of the public health, has been the formation of the State Board of Health. * * * The necessity for some such power as is delegated to the State Board, is thrown in the wide range of subjects embraced in the inquiries directed to its officers. Complaints made and requests for advice, with invitations to make special investigations and give council to local authorities. These show the necessity for such supervision and control as is entrusted to this Board, and show that it is appreciated. It is

in full accord with the profession and is entitled to its warm co-operation.

The address closed with reference to the necrology of the year in the Society, the following being the list of deceased: Drs. H. K. Bellows, of Norwich; E. R. Hun, J. V. Lansing, Levi Moore, and C. A. Robertson, of Albany; L. J. Tefft, of Syracuse, and J. T. Whitbeck, of Rochester.

The President then appointed the following a Committee on Credentials: Drs. B. F. Sherman, of Ogdensburgh; G. W. Cook, of Otego, and Charles E. Willard, of Catskill.

The President then appointed the following Business Committee: Drs. A. Van Derveer, Albany; W. W. Potter, Batavia; Charles W. Stiles, Owego.

Dr. Ward, of Albany, introduced Dr. Clarkson T. Collins, delegate from the Massachusetts State Medical Society.

Dr. Squibb offered a resolution that the Committee on Nominations present the names of two delegates and two alternates to the International Medical Congress, to meet in London, on August next.

Dr. Van Derveer moved that a committee of three be appointed to take action on the President's address.

Dr. David Webster, of New York, then read a paper on

SYMPATHETIC NEURO-RETINITIS.

After a careful consideration of seven cases of this affection mentioned by Von Graefe, Stettburg, Schweigger, Alt and Pooley, and two cases reported by himself, Dr. Webster is of the opinion that the question of the sympathetic character of this disease still remains an open one.

Dr. Norman L. Snow, of Albany, read a paper on

LITHOTREPSY, WITH ENTIRE REMOVAL OF FRAGMENTS AT SAME SITTING, BY BIGELOW'S ASPIRATOR.

After an interesting review of the history of the operation, the Doctor reported the following case:

Robert A., an American by birth; age 53; family history good; first noticed trouble in micturition in spring of 1879. In November of same year chronic cystitites; was diagnosed and treatment therefor instituted during the following winter. In October, '80, was examined with Thompson's short curved sound, and a small stone detected, which rapidly increased in size until December, when the operation was performed. The entire time occupied in the operation was thirty minutes; weight of fragments, 80 grains. On January 6, ten days after the operation, he was able to attend to business.

Dr. O. D. Pomeroy, of New York city, exhibited a laryngeal mirror and a modification of Toynbee's ear syringe.

Dr. A. M. L. Hamilton, of New York city, read a paper entitled, "The Significance of Hairy Growths on the Faces of Insane Women."

Dr. Charles A. Bull, of New York, then read a paper on the "Pathology of orbital tumors, involving the bones of the orbit."

He attributes the recurrence of these growths to the cellular elements left in the shreds of orbital tissue, or in the many fissures and sinuses communicating with the cavity of the orbit, or that the periosteum or bone may have been the primary seat of the disease. He classifies these tumors as pure sarcoma, myro-sarcoma or fibro-sarcoma. The secondary processes observed in bone and periosteum are a general infiltration, softening and degenerafion of bone tissue and the development of exostoses osteophytes from and in the walls of the orbit. The influence of locality upon the development of sarcomata is clearly evident. The osteo-sarcomata appearing on the surface of bones and the softer forms in the medullary cavities. But in the orbit, the tumors are mostly of the medullary variety. In removing primary intra-orbital sarcoma, careful search should be made through the entire orbit for enlarged lymphatics or infiltrated glands. Three cases were reported of operations for the removal of intra-orbital growths. From a study of these cases, Dr. Bull thinks that operative interference hastens the recurrence of the tumor, and that the stripping up and removal of periosteum hastens the return in the bone, even when the latter has been scraped at the time.

Dr. L. Duncan Bulkley, of New York city, then read a paper entitled "Favus and its treatment by a new method of depilation." After detailing his experience with several methods which had proved unsatisfactory, he advised the preparation of sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches.

The formula is as follows: ℞. Ceræ flavæ, three drachms; Laccæ in tabulis, four drams; Resinæ, six drams; Picis Burgundicæ, ten drams; Gummi Damar, one and a half ounces. By the use of these differently-sized sticks, they can be applied to affected surfaces of various sizes.

They melt at a comparatively low temperature, and yet are hard at that of the body. The hair should be cropped short over the part to be treated, and as the stick is applied, a slight rotary or twisting motion is given to it. After it has been applied for several minutes, it is removed by bending it over and drawing the hairs in succession. The hairs thus left in the

stick are burned off. It is sometimes necessary to repeat the operation.

This operation does not work so well in ringworm of the scalp, because the result of the action of the parasite on the hairs is to render them so brittle that they very easily break off.

During the debate, Dr. Bulkley said: With reference to the remarks of the gentleman who stated that cases such as were referred to, could be treated successfully by shaving the scalp, that sharp distinction must be drawn between cases of favus and of ordinary ringworm. In the former, the tinea favosa, caused by the parasite *achorion Schœnleinii*, the disease extended much deeper and not at all infrequently produced permanent baldness by the destruction of the hair follicle and papilla beneath, so that actual cicatrices were found, which latter did not occur in ordinary ringworm, tinea or herpes tonsurans, caused by the parasite *trichophyton tonsurans*. In this latter disease the process was much more superficial and could often be cured by shaving and more superficially acting remedies, whereas in favus these means were of little if any use, as the parasite reached to the entire depth of the follicle.

But still, even in reference to this latter, ordinary ringworm, tinea tonsurans, in the public institution referred to, where at least forty cases were under his care, shaving was used in very many cases, and so far from being easily curative, these cases lasted several months, with shaving two or three times a week, combined with various local remedies. In recent cases, shaving is a valuable adjunct, but in chronic cases is of little service. In favus depilation is necessary.

An obituary notice of Dr. D. C. Thomas, by Dr. Wolcott, a paper entitled "Acute primary synovitis of the hip," by Dr. V. P. Gibney, a case of fracture of ribs of the right side by Dr. J. B. Graves, and an obituary notice of Dr. J. V. Lansing, by Dr. A. Van Derveer were then presented.

AFTERNOON SESSION.

After the report of the Treasurer, Dr. J. O. Roe, of Rochester, read a paper entitled, "Nasal Stenosis."

For the proper performance of the functions of the nose, clear and unobstructed passage through the nasal openings is essential. Obstruction of the passage may arise from defective growth or deformity, hypertrophy or disease of soft palate, foreign bodies and neoplastic growths, or deviation of the septum from the median line.

Hypertrophy of the nasal membrane can invariably be traced to a catarrhal origin, and when sufficient hypertrophy has taken place it in turn becomes an exciting cause for increased trouble. Nasal stenosis may also be caused by syphilitic ulcerations, cicatricial contractions and polypi. For the perfect performance of the olfactory function there must be a free and complete interchange of air in the nasal cavity. Obstruction of the nasal passages exercises a marked effect on the acoustic properties of the voice and the functions of the ear. Many of the troubles of the pharynx and larynx are the direct result of mouth breathing caused by nasal obstruction. Many cases of spasmodic asthma are directly traceable to nasal polypi.

Treatment of nasal stenosis is both local and constitutional. In obstruction, radical treatment consists in removal by surgical means of the obstructing body. Constitutional is only of avail to build up the system or to remove any blood taint which may be present. The only effective local treatment is the removal of the diseased tissue or bony obstruction by surgical or chemical interference.

A paper on "The Forceps" was presented by Dr. F. H. Squire, and Dr. A. Mathewson, of Brooklyn, reported a case of Transplantation in a case of complete eversion of left upper lid as the result of contraction from burns. The lid was freed by dissection, and transplantation performed of a piece of skin 3 inches by 1½ inches without pedicle. The result was union throughout by first intention. The advantages of the operation were said to be the ease of execution, with greater surety of success than by old methods with pedicle or sliding flaps.

The President announced the following Committee on Nominations: 1st district, Dr. H. G. Piffard; 2d district, Dr. Wm. Govan; 3rd district, Dr. L. McLean; 4th district, Dr. L. C. Dodge; 5th district, Dr. C. G. Bacon; 6th district, Dr. H. R. Ainsworth; 7th district, Dr. Theo. Dimon; 8th district, Dr. W. W. Potter.

Dr. Daniel Lewis, N. Y. city, then read a paper on "Dressing of the Umbilical Cord." He advises that the cord should be cut *before* the ligature is applied and thoroughly emptied of blood and serous contents, thereby reducing the amount of material to be sloughed off to the minimum. It is then tied and twisted sharply three or four times, which torsion so closes the umbilical vessels that hemorrhage is about impossible, in case the ligature should prove imperfect. A band of rubber adhesive plaster two by eight inches is then tightly applied over it and allowed to remain until the parts are thoroughly cicatrized. This device is believed to be sufficient to prevent any protrud-

ing navel or predisposition to umbilical hernia. This rubber adhesive plaster is manufactured by Seabury & Johnson, and being very adhesive, without heating, and waterproof, is the best for this purpose, as well as for many other surgical uses.

An obituary notice of Dr. H. K. Bellows was presented by Dr. G. K. Avery.

Dr. L. E. Felton, of St. Lawrence, read a paper entitled, "Medical Induction Coils." The Dr. said:

A cell is used of original and peculiar construction, and an interrupter which will produce most rapid vibrations. The current is regulated by means of a sheet of copper, bent over the coil, the connection being completed by means of a moveable bar, which will bring any desired length in contact.

When the edges are in contact, the current is induced in the cover, as offering less resistance than the patient; but as the bar is removed, and resistance increased, the current which flows through the patient is correspondingly increased.

Dr. T. R. Pooley, of New York city, reported a case of Perichondritis Auriculae. The Doctor, referring to another by Dr. H. Knapp, of New York, contained in full in Vol. IX., No. 3, p. 196, of the Archives of Otology.

He agrees with Dr. Knapp in regarding the disease as an independent affection, not to be confounded with hæmatoma auris, and considers that it is most often of traumatic origin.

Dr. W. W. Potter read a paper on the "Surgical Treatment of Epithelioma of the Cervix Uteri."

An obituary notice of Dr. Levi Moore was presented by Dr. J. M. Bigelow.

PAPERS TO BE READ TO-DAY.

Dr. H. G. Piffard, of New York, on "Medicinal Eruptions." Dr. Jno. C. Dalton, of New York, report on "Experimental Medicine, with reference to Bergh's renewed anti-vivisection bill." Dr. H. Knapp, of New York, "Exostosis of frontal sinus." Dr. A. Van Derveer, of Albany, "Vesical calculi, with operations."

The order of business at each day's session is: 1st. Reading of minutes of the preceding day; 2d. Reception of members and invited guests and delegates from other State Societies; 3d. Communications from County Medical Societies; 4th. Reports of officers and committees of the Society; 5th. Resolutions; 6th. Miscellaneous business, including reading of papers.

Gentlemen reading papers before the Society will please take pains to see that they reach the secretary, in order that they may, by him, be laid before the Committee of Publication.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

THURSDAY, FEBRUARY 3, 1881.

EDITORIAL.

The Report of the Albany Hospital for the two years ending January 31st, 1880, has recently been published. It forms a neat pamphlet of 110 pages, full of interesting information to the many patrons and friends of the institution, which has, for a period of thirty-one years, done so noble a work. Long lists of donors show the generous interest the hospital has awakened. An included account of the Hospital Bazar, managed entirely by the ladies of Albany, gives another proof of the high esteem in which this charity is held. By its most successful management, at the close the Hospital received the magnificent sum of $11,796.56. A number of private rooms have been fitted up by the various churches of the city, so as to furnish patients most comfortable accommodations.

These good works, together with the cancelling of a floating debt of $12,000, through the efforts of the medical staff, enable the treasurer to make in his report a very satisfactory showing.

The report of the medical and surgical staff states the sanitary condition of the Hospital to be as nearly perfect as possible. A great number and variety of diseases, medical and surgical, have been treated during the two years mentioned, with gratifying results.

A few totals may be quoted: Surgical cases treated—males, 330, females 181, total 511; list of operations performed amounts to 326, many of which were of a difficult and serious nature. Number of medical cases treated—males 215, females 111, total 326. Total of eye cases treated, 760; of ear cases, 228. The dispensary reports the treatment of 3,399 cases.

It may thus be seen that the work of the Hospital has been exalted in character, and arduous in its accomplishment as well. It has been sustained and patronized by friends of charity everywhere.

With its business affairs managed by a competent board of governors, comprising many of Albany's most substantial citizens, its medical and surgical staff, including many eminent names in the profession, there is no reason why the good so steadily being done should not increase to the benefit of the sick and suffering.

Our best wishes in its behalf.

PROCEEDINGS.

FEBRUARY 2D, 1881.

The Society was called to order at 10 a. m., by President BAILEY.

Rev. Mr. Pattison offered prayer.

Vice-President Jacobi moved that a vote of thanks be tendered Dr. Hailes, of Albany, for his interesting address delivered last evening.

Resolutions were adopted by the Monroe County Society, advocating the publication of the proceedings of the State Society in medical journals, rather than in an annual volume of transactions, as is now done. This matter was referred to a special committee to be named by the President.

The committee on the President's inaugural address recommended the adoption of the following resolutions:

1st. In regard to co-operation with the State Board of Health:

Resolved, That the County Medical Societies of this State be requested to instruct their committees on Hygiene or Public Health, to put themselves into such relations with the State Board of Health as shall facilitate said Board in acquiring such local or general information as it may require.

2d. Referring to the construction of § 3, Sec. 1, Chap. 746, Laws of 1872:

Resolved, That the Committee on Legislation be instructed to procure such change in the phraseology of § 3, Sec. 1, Chap. 746, Laws of 1872, as shall obviate the legal construction referred to in the address.

3d. Relating to changes in the Code of Ethics:

Resolved, That a special committee of five be appointed by the President to be designated a "Committee on the Code of Ethics," whose duty it shall be to consider the whole question of desirable changes in the Code, and who shall present to the Society, at the session of 1882, such suggestions on this subject as their deliberations may decide.

The report of the Committee on Ethics, signed by Drs. Thomas Hun and C. R. Agnew, was read and accepted.

Dr. A. Jacobi read a report as censor to the Medical College of Syracuse University.

The delegates to the Pharmaceutical Convention reported.

The report of the Committee on Ethics was then received, through the chairman, Dr. Agnew, of New York, and adopted.

Dr. A. Jacobi, as chairman of the Committee to Co-operate with the Society for the Prevention of Cruelty to Children, made a report. The report was accepted and the committee continued.

Dr. Jno. C. Dalton read the report of the Committee on Experimental Medicine.

Dr. Harvey Jewett, of Canandaigua, read a paper entitled "Thoughts on Sanitation."

A biographical notice of Alfred Bolter, of Ovid, N. Y., by Dr. J. C. Corson.

Dr. A. C. Post, of New York city, addressed the Society, reporting a case of "Cicatrical contraction of the thumb and finger and the palm of the hand, resulting from a burn."

Dr. J. S. Warren, of New York city, read an abstract of a paper entitled "Hystero-neurosis of pregnancy." From a consideration of several hundred cases, he does not believe that there is any specific for this affection, but that each case requires its own special treatment. Vomiting is not always, nor even in most cases, sympathetic, but arises from nervous influences, or from changes in the thyroid, spleen, liver and kidneys.

Dr. H. G. Piffard read a paper on "Medicinal Eruptions." He stated that until within a very few years, hardly any drug, except arsenic and the diaphoretics, was credited with a direct action on the skin. Effects upon the healthy skin, following the ingestion of drugs, are rare, yet—on this very account—important to be recorded for reference. Practitioners should know all the irregular and abnormal effects of remedial agents, lest a medicinal rash be mistaken for an idiopathic affection of the skin, and the unsuspected cause be permitted to remain in operation. Thus far, dermatology has mainly considered the symptomatology and pathology of cutaneous affections, springing from what might be termed natural, though frequently obscure, causes. There is need of careful observation of a different class of cases: those which arise through the agency of means intended to combat disease, but which, in turn, may become the originators of morbid action. While in many cases these effects are unusual, and commonly explained as due to some idiosyncracy, it is none the less important that they should be recognized at the time of their occurrence, and their true cause.

Dr. Bulkley said that the subject of the distinction between

eruptions produced by drugs, and ordinary diseases of the skin, was one of very great importance, inasmuch as the practitioner might frequently mistake them and cause needless anxiety.

Although many drugs had been mentioned as occasionally producing lesions on the skin, there were practically but a few which it was necessary to bear constantly in mind; these were copaiba, quinine, chloral, and salicylic acid or its compounds, named in the order of their importance in this respect.

He afterwards added the iodides and bromides, which were omitted as the writer of the paper had not reached them before he was interrupted by the expiration of the time allotted.

The most important medical eruption to bear in mind was that from copaiba, inasmuch as it was so liable to be confounded with the early erythematous eruption of syphilis. Thus, a patient has contracted venereal disease and there may be reason to believe that he has a chancre. He may, at the same time, have an urethral discharge, for which copaiba is prescribed in some mixture. An erythematous eruption appears and if the existence of the possible cause is not understood and borne in mind, it is at once put down as that of syphilis, and the patient is now regarded as syphilitic, with all the prospects which that diagnosis entails, whereas the sore may have been a chancroid or progenital herpes and the eruption wholly due to the copaiba. This has frequently happened. The next most frequent medicinal eruption was probably that from quinia, which it is well to bear in mind, as it may at times resemble the exanthemator. This may especially occur if, for instance, a person has a cold in the head, with coryza, sneezing, etc., during which quinine has been taken, perhaps freely, when suddenly an eruption appears, which may at times resemble that of measles. If the possibilities of a quinine eruption are not borne in mind, the diagnosis is almost irresistibly that of measles.

Chloral eruptions also resemble that of measles and sometimes are perplexing, and this cause, as well ss salicylic acid and its compounds, should never be forgotten when an anomalous eruption is observed; it is well, indeed, in these cases always to first enquire into causes from drugs, to eliminate this element if possible.

In regard to arsenic, he had seen zoster or herpes zoster occur during the administration of arsenic so many times that there seemed to be a causative relation; but this is not an important point, inasmuch as the eruption is a self-limited one, and the cases caused by arsenic do not differ from those from other causes, as cold.

Iodide of potassium eruption is also an important one to

remember, especially during the administration of this drug to syphilitic patients.

Dr. Post spoke in reference to eruptions produced by the ingestion of articles of diet, and mentioned a desquamative eruption which he had seen in several instances to follow the eating of the liver of the halibut.

Dr. Piffard stated that a general eruption was recorded as following the eating of the liver of the eel, which, however, was stale.

Dr. Squibb called attention to the infrequency of these eruptions in comparison with the large quantity of certain of the drugs mentioned. Thus, the consumption of quinine is enormous, while the reported cases of eruption from it are not so very numerous. The same may be said in regard to chloral. He also suggested the necessity of distinguishing the eruption from that caused by certain articles of food which may have been taken at the same time.

Dr. Piffard replied that in the cases referred to there could be no doubt in this respect, as the observation had been repeatedly made that the eruption disappeared immediately on the discontinuance of the drug, and recurred when it was again taken.

Dr. Piffard presented a method for administering the nitrite of amyl in safety. It consisted in filling a bottle with cotton and saturating it with the nitrite.

Dr. George F. Shrady, of New York city, related a rare case of "Congenital intra parietal hernia," in which he was able to make a diagnosis before death. The patient was 54 years of age; suffered from strangulation; refused an operation, and died on the eleventh day. A drawing of the specimen was presented, showing a congenital inguino-scrotal hernia, connected with which was a diverticulum of peritoneum, forming a supplementary hernial sac, extending upwards and outwards between the external and internal oblique muscles as far as the anterior superior spine of the ilium.

Dr. Porter referred to a case in his experience in which a portion of gut had escaped through the abdominal walls and became strangulated between the muscular layers. It was of traumatic origin, and was occasioned by a stab.

Dr. E. R. Squibb exhibited micro-photographs from an article in the American Journal of Medical Science, of January, 1881, by Dr. Woodward, of Washington, showing pathological changes in dysentery.

Dr. Knapp, New York, on bony growths of the cavities of the frontal bone, gave an historical description of this rare and important disease. All patients operated on had died, except two, the one by Dolbeau, of Paris, the other by himself.

Dr. A. C. Post related a case where the dura mater had been exposed by an operation and the patient recovered.

Dr. E. V. Stoddard, chairman of Committee on Hygiene, reported the general summary of the work for the year. The subject for observation had been that of diphtheria. Careful investigations had been instituted as to its contagious character, with especial view to the relative influence of personal contact, infection by clothing, and unsanitary surroundings. Its contagious character being undoubted, the question of *quarantine* in the public schools, as well as the family, was urged by the committee, and will serve as the subject of the coming year.

Dr. Elisha Harris, one of the State Commissioners of Health and secretary of the State board, called attention to the present widespread prevalence of diphtheria and the utility of the general observations and records of the medical profession relating to its causation and prevention. He urged the necessity of bringing under the best possible control the unguarded causes of the distribution of diphtheria. He explained the necessity of isolation of all who are convalescing. The State Board of Health find it a duty to investigate the causes and modes of distribution—its infective as well as local causes. He called attention to the necessity of physicians teaching and inducing the proper care in preventing the spread of this disease.

In connection with these remarks, the doctor calls attention to the following table:

From health offices of villages in December, 1880: diphtheria, 29; malaria, 40; typhoid fever, 29; measles, 16; mumps, 0; scarlet fever, 25; smallpox, 7; whooping cough, 19.

From physicians in towns and incorporated villages in January, 1881: diptheria, 50; malaria, 20; typhoid fever, 18; measles, 45; mumps, 6; scarlet fever, 48; smallpox, 4; whooping cough, 12.

Dr. Van Derveer reported six cases of Vesical Calculus successfully removed,—one by lateral lithotomy; one by external perineal section; three by crushing and rapid evacuation, and one, a female, by urethral dilatation.

Dr. A. M. Phelps, of Chateaugay, Franklin county, reported an extreme case of "Double Talipes Equinus Varus," occurring in a little girl 6½ years old. After tenotomy, the feet relapsed to nearly the old position. The Dr. made a free incision through the inner side and sole of the foot, dividing contracted parts in their respective order. The feet were then brought in position and put up on a modification of Neil's board; the wounds gaped an inch and a half. The patient then went on crutches, swinging both feet. The wounds healed after four months. An ordinary shoe, with a stiff counter, is now worn

on the left foot, and a Sayre's shoe on the right; she can walk, however, without any shoe. Photographs were exhibited showing the case before and after treatment.

Dr. E. C. Seguin, of New York city, read a paper on The Early Diagnosis of Some Organic Diseases of the Nervous System. In diagnosing posterior spinal sclerosis, the following symptoms were stated as characteristic of the first or pre-ataxic stage: the peculiar pains, the diminution of various reflexes and the paralyses of ocular muscles. The earliest characteristic symptoms of paralytic dementia are tremors or fibrillary contractions, especially in the tongue, facial and manual muscles; a tremulous, thick and vibratory speech; irregularity of the pupils, and dementia. Tumors located in the motor zone are *sometimes* capable of early recognition. Their symptoms are localized convulsions in peripheral muscles; equally localized paralysis of peripheral parts; neuro-retinitis or choked disk, and localized headache.

THE PRESIDENT'S ADDRESS.

The annual address was delivered by President Bailey, last evening, at the Assembly Chamber of the New Capitol, on the duties and opportunities of the medical profession.

It was a remark of Burke, that every truth branches out into infinity. This applies to medicine. New facts are constantly coming to light, widening its domain. Other branches of science contribute to it, themselves opening more and more. There are, besides, opportunities for usefulness in teaching the community in all that pertains to sanitary affairs. More than this, the physician is brought into intimate personal contact with people in their individual, family and social relations. All these show that the physician should be a learned man, a humanitarian, and a man of high convictions, if he is to live up to all the opportunities, duties and reponsibilities that may come to him. It shows how much should be exacted from the medical student.

The medical society fills an important place in the profession. It is, in various ways, educational; it keeps up the fraternal spirit of the profession; it is co-operative, like a battalion compared to a mob, in securing, by the impetus of combined weight, far larger results, both for the profession and for humanity, than could be possible with isolation and individual effort. In accomplishing the duties of the profession, in adding to what we have received for those who come after us, in making practical the humanitarian sentiment which is its pride and its Godlike feature, there is enough work and enough inspiration to stimulate the zeal of all its membership.

The report of the proceedings of Thursday's session will be printed in the regular February issue of THE MEDICAL ANNALS.

We wish to call attention to the publication of G. P. Putnam's Sons,' of New York city, exhibited at this meeting by their genial agent, Dr. S. A. Solomans.

Dr. E. C. Wendt reports this year for the Medical Record. Dr. Carpenter, who has done the work for a number of years, is prevented by sickness this season.

Attention is called to the postal cards which have been sent to the officers of county societies, in relation to the next issue of the "Medical Annals Official Register," which will be published early in May, giving the address and office hours of each member at a small cost.

It is pleasant to notice that efforts to please their guests, made by Parke, Davis & Co.'s representatives, are so thoroughly appreciated. The room in which their fine exhibit is made, is constantly crowded. During the session of the first day, 128 physicians registered, and were very pleasantly entertained by Dr. A. H. Still and his assistants, Drs. W. K. Walker and John Munday.

ON THE MANAGEMENT OF THE SECOND STAGE OF NATURAL LABOR.

1. The cord should not be tied until the child has breathed vigorously a few times. When there is no occasion for haste arising out of the condition of the mother, it is safer to wait until the pulsations of the cord have ceased altogether.
2. Late ligation is not dangerous to the child. From the excess of blood contained in the fœtal portion of the placenta, the child receives into its system only the amount requisite to supply the needs created by the opening up of the pulmonary circulation.
3. Until further observations have been made, the practice of employing uterine expression previous to tying the cord is questionable.
4. In children born pale and anæmic, suffering at birth from syncope, late ligation furnishes an invaluable means of restoring the equilibrium of the fœtal circulation.—WM. T. LUSK, M. D., *N. Y. Med. Journal, Dec.*, 1880.

LIST OF PHYSICIANS REGISTERED

At the office of the Clerk of the County of Albany, prepared and published by direction of the Albany County Medical Society, by the Committee on Registration.

The Committee is also directed to verify this list as to the authority for practice claimed by the following persons, and requests such information from the members of the Society as may be of service in this work. Communications should be sent to the Chairman of the Committee, No. 5 High street, Albany, N. Y.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 15....	O. C. Alexander.....	Albany	Albany Medical College.
" 21 ...	G. H. Armsby.	Albany	Albany Medical College.
" 28....	J. L. Archambeault....	Cohoes.....	Laval University, Quebec.
Oct. 2....	C. N. Arthur Therien..	Cohoes.....	Victoria Col., Montreal, 1878.
Aug. 3....	Rufus F. Barton.....	Knowersville	Diploma.
" 4....	James F. Barker.....	Albany	Albany Medical College, 1877.
" 4....	L. P. Barrows.....	Albany	New York Medical College.
" 5....	J. M. Bigelow.....	Albany	Col. P. & S., N. Y., and A. M. C.
" 7....	E. A. Bartlett.....	Albany	Albany Medical College.
" 10...	Robert J. Bullock.....	Albany	Col. P. & S., West Dist., N. Y.
" 11....	C. E. Buffington	West Troy.....	Albany Medical College.
" 12....	O. D. Ball,.....	Albany	Col. Phy's and Surg's. 1866.
" 27....	Edward E. Brown.....	Bethlehem, N. Y.....	Albany Medical College, 1879.
" 30....	Thomas Beckett	Albany	Albany Medical College, 1861.
" 31....	James S. Bailey.....	Albany	Albany Medical College, 1853.
" 31....	Theo. P. Bailey.....	Albany	Col. Phy's and Surg's, 1880.
" 31....	Wm. H. Bailey.....	Albany	Albany Medical College.
" 31....	George H. Billings....	Cohoes.....	Castleton Medical College.
	James L. Babcock.....	Albany	Albany Medical College, 1850.
	James P. Boyd, Jr.....	Albany	Col. Phy's and Surg's, 1871.
Sept. 7....	Lewis Balch.....	Albany	Col. Phy's and Surg's, 1870.
" 9....	John F. Brown.....	Albany	Albany Co. Eclectic Society.
" 10....	Herman Bendel.....	Albany	Albany Medical College.
" 11....	Stephen C. Burton....	Albany	Albany Medical Oollege.
" 11....	J. N. Bradley.....	Adams Station	Albany Medical Station.
" 18....	LouisBoudrias DeMoat	Cohoes.....	Victoria Univ., Coberg, Can.,'70.
	J. R. Boulware.....	Albany	Diploma.
" 24 ...	James P. Booth.....	Renselaerville, N. Y ..	Cincinnati Hom. Med. Col.
" 30....	J. S. Becker.....	Berne.....	Albany Medical College.
" 30....	J. P. Boyd	Albany	University Pennsylvania.
" 30....	Joseph H. Blatner.....	Albany	Univ. Prague, Albany Med. Col.
" 30....	Loren R. Boyce.....	Albany	Medical Society Otsego Co.
" 30....	Domingo B. Bellan...	Albany	Albany Co. Hom. Society.
July 31....	J. B. Conklin.....	Albany	Diploma.
Aug. 3....	S. H. Carroll	Albany	Diploma.
" 3....	James W. Cox	Albany	Diploma.
" 4....	Frederic C. Curtis.....	Albany	Col. Phy's and Surg's, 1870.
" 6....	R. D. Clark	Albany	L. I. Med. Col. Hosp., 1875.
" 7....	Daniel C. Case.	Slingerlands....	Albany Medical College, 1870.
" 14....	Frederick Crounse....	Knowersville.....	Farfield Medical College, 1830.
" 14....	Jesse Crounse.....	Knowersville	Albany Medical College, 1877.
" 14....	Hiram Crounse...	Clarksville.....	Castleton Medical College, 1847.
" 14....	Conrad J. Crounse..	Clarksville...	Albany Medical College, 1846.
" 15 ...	Archie Cullen.....	West Troy...	License Alb'y Co. Eclec. Soc.,'78.
" 19....	H. V. Chapin.....	Albany	Free Med. Col. for Women, N. Y.
" 31....	P. B. Collier	Albany	L. I. College Hospital, 1866.
	O. F. Cobb.....	West Troy.....	Albany Medical College, 1868.
Sept. 21....	William H. Craig.....	Albany	Albany Medical College, 1852.
" 20....	D. H. Cook.....	Albany	Albany Medical College.
" 21....	H. S. Case..... ...	Albany	Albany Medical College.
" 27....	John L. Cooper	Albany	University Pennsylvania.
" 28....	A. P. Casler.....	Albany	Albany Medical College, 1880.
" 29. ..	Octavius H. E. Clarke.	Cohoes.....	McGill Univ., Montreal, 1870.
	George W. Camp.....	South Berne.....	License Eclectic Society, Pa.
	John Savage Delavan..	Albany	Albany Medical College.
	Edward Duffey.....	Albany	Albany Medical College.
Aug. 10 ...	Charles Devol.....	Albany	Col. Phy's & Surg's, Farfield, '31.
" 11....	Abram DeGraff.....	Guilderland	Albany Medical College.
" 13....	Noah S. Dean.....	Albany	New York Eclectic College, '64.
" 26....	Mary DuBois.....	Albany	Woman's Med. Col., Pa., 1871.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 3....	James Douglas	West Troy.....	Eclectic Med. Soc. Alb'y & S. N.Y.
" 16....	J. Reid Davidson.....	South Bethlehem.....	Albany Medical College, 1869.
" 27....	Willard G. Davis.....	Guilderland	Albany Medical College, 1841.
" 27 ...	W. E. Dolan.....	West Troy.....	Albany Medical College, 1877.
Sept. 17....	George E. Elmendorf..	Coeymans	Albany Medical College, 1875.
	Cyrus Ecker.....	Chesterville.....	Albany Medical College, 1874.
Aug. 11....	Warren H. Fowler	Albany	Jeff. Medical College, 1879.
" 14 ...	H. I. Fellows.....	Albany	Albany Medical College.
" 17 ...	Amos Fowler.....	Albany	University City New York.
	M. L. Filkins.....	Albany	Eclectic Med. Col., City N. Y.
Sept. 1....	Daniel Fegan.....	Albany	Queen's Univ., Dublin, Ireland.
" 2 ...	Ths. Featherstonhaugh	Albany	Albany Medical College.
" 4....	O. E. Fennelly.....	West Troy.....	Albany Medical College.
" 9	S. H. Freeman.....	Albany	Dartmouth & Albany Med. Cols.
" 11....	Rensselaer E. Ferry...	Albany	Cen. N. Y. Eclectic Med. Ass'n.
" 16....	J. M. Finch.....		License Albany Co. Society.
" 17....	J. D. Featherstonhaugh	Cohoes	College Phy's and Surg's, 1870.
" 21....	David E. Fonda.....	Albany	Schen. Co. Med. Society, 1837.
" 27 ...	Benj. B. Fredenburgh.	Coeymans	Columbia Co. Medical Society.
" 28....	Joseph F. Fox.....	Cohoes.....	Cincinnati Col. Med. and Surg.
" 29....	John H. Fitch.....	New Scotland.....	Eclectic Med. Col., New York.
Aug. 3....	George E. Gorham....	Albany	Hahnemann Med. Col., Chicago.
" 4...	John W. Gould.....	Albany	Albany Medical College.
" 5....	William Geoghan	Albany	Albany Medical College.
" 12....	J. H. Gallup.....	Knox.....	Albany Medical College, 1871.
Sept. 21....	Henry J. Griffen.....	Dormansville.....	Ph's and Sg's, Baltimore, Md.
" 23....	Catherine E. Goewey..	Albany	N. Y. Col. and Hosp. for Women.
Oct. 1....	L. C. B. Gravline.....	Albany	Albany Medical College.
Aug. 3....	Nelson Hunting.....	Albany	N. Y. Hom. Medical College.
" 9....	William N. Hays.....	Albany	Albany Medical College.
" 11....	Thomas Helme.....	Albany	Albany Medical College.
" 18....	James C. Healey	Albany	Albany Medical College.
" 19....	Lehman B. T. Hoit ...	Albany	Albany Medical College, 1880.
" 24....	John E. Hall.....	Green Island.....	Albany Medical College, 1877.
Sept. 3....	Lorenzo Hale.....	Albany	Albany Medical College, 1868.
" 10....	J. Heilbrune.....	Albany	Col. Med., Strassburg, France.
" 11...	John U. Haynes.....	Cohoes	Albany Medical College.
" 13....	C. F. Huddleston.....	Albany	Albany Medical College.
" 11....	Alfred B. Huested	Albany	Albany Medical College, 1863.
" 16....	Clinton B. Herrick....	Albany	Albany Medical College, 1880.
" 21....	Wm. H. Hagadorn	Albany	Albany Medical College.
" 29....	Edwin Haines.....	South Westerlo... ...	Albany Medical College.
" 30 ...	William Hailes.....	Albany	Albany Medical College.
" 30....	H. R. Haskins.....	Albany	Albany Medical College, 1861.
" 30....	J. C. Hannan	Albany	N. Y. University, 1872.
	L. H. Holton.....	Cohoes.....	University Michigan, 1867.
Aug. 7....	E. D. Jones.....	Albany	Albany Medical College.
	Charles E. Jones.....	Albany	Albany Medical College.
Sept. 1....	John T. Keay	Albany	Albany Medical College, 1879.
" 7....	William H. Keyser ...	Albany	College Phy's and Surg's, 1838.
" 13....	P. J. Keegan.....	Albany	Univ. City New York, 1875.
" 18....	Albert W. Kilbourne..	Albany	Univ. City New York, 1874.
" 30....	Arthur G. Kenney	West Troy...	Albany Medical College.
Aug. 12....	William A. Lester	Albany	Albany Medical College.
Sept. 4 ...	U. B. La Moure.....	Albany	Albany Medical College, 1878.
" 7....	Maurice J. Lewi.....	Albany	Albany Medical College, 1877.
" 13 ...	Robert Liston.....	Albany	Eclectic Med. Col., N. Y. City.
" 16 .	Henry Lilienthal.....	Albany	Albany Medical College.
" 29....	Joseph Lewi.....	Albany	Vienna University.
Aug. 4....	Jacob S. Mosher.....	Albany	Albany Medical College, 1863.
" 10....	Joseph W. Moore	Cohoes	Castleton Medical College, 1859.
" 17....	James F. McKnown...	Albany	Albany Medical College, 1866.
Sept. 1 ...	Cornelius D. Mosher..	Albany	Albany Medical College, 1859.
" 6....	Henry March	Albany	Albany Medical College, 1853.
" 10....	Cyrus S. Merrill.....	Albany	Col. Phy's and Surg's, N. Y., '71.
" 16....	Samuel R. Morrow....	Albany	Col. Phy's and Surg's, N. Y., '78.
" 17....	Henry R. Mereness ...	Albany	Albany Medical College, 1874.
" 18. ..	W. E. Milbank.....	Albany	Albany Medical College, 1872.
" 21.. .	William H. Murray....	Albany	Albany Medical College, 1869.
" 28....	F. G. Mosher.....	Coeymans	Albany Medical College, 1848.
" 29....	John J. Myers	Albany	Albany Medical College, 1859.
" 29....	Frank J. Merrington..	Albany	Albany Medical College, 1880.
" 30....	L. T. Morrill.....	Albany	Albany Medical College, 1873.
Aug. 11....	H. G. McNaughton....	Albany	Albany Medical College, 1856.
" 18....	Nelson Monroe	Green Island.....	Castleton Medical College, 1840.
" 9....	H. T. Mesick, Jr	Albany	Bellevue Medical College, 1871.
Sept. 30....	John J. McAllister....	Albany	Albany Medical College.
Oct. 1....	James MacCoy	Troy, N. Y.....	Univ. North Carolina, 1870.
Aug. 16....	George H. Newcomb..	Albany	Albany Medical College, 1855.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 8....	Jacob F. Neef.....	Albany.....	Eclectic Med. Soc. & Col. of N. Y.
" 21....	Jacob B. Norwood....	Preston Hollow.....	Albany Medical College, 1868.
" 23....	David Newcomb.....	Albany.....	To graduate in two years, Eclectic Medical College of N. Y.
" 30....	W. J. Nellis.....	Albany.....	Albany Medical College.
Aug. 24....	Daniel V. O'Leary	Albany.....	Albany Medical College.
Sept. 13....	Alden M. Oliver.....	Voorheesville.....	Albany Medical College.
Aug.	Lester M. Pratt.....	Albany.....	Hom. College of Phila., Pa.
"	H. M. Paine.....	Albany.....	University City of New York.
"	W. L. Purple.....	Albany.....	Albany Medical College, 1875.
"	M. R. C. Peck.....	Albany.....	College Phy's and Surg's, N. Y.
" 20....	John J. Peckham.....	Albany.....	Hahnemann Col., Phila., 1874.
" 27....	Samuel Peters	Cohoes.....	Castleton (Vt.) Medical College.
" 28....	Frank S. Peters.....	Cohoes.....	Albany Medical College, 1874.
Sept. 4....	T. Kirkland Perry....	Albany.....	Albany Medical College.
" 7....	Charles H. Porter.....	Albany.....	Albany Medical College.
" 14....	Mrs. M. A. G. Pomeroy,	Albany.....	Bost. Univ. School of Med., '75.
" 23....	G. Upton Peltier.....	Cohoes.....	Bishop's Col., Montreal, 1873.
" 25 ...	George W. Papen.....	Albany.....	College Physicians & Surgeons.
" 29....	Thomas S. Parker.....	Cohoes.....	Victoria College, Canada.
Oct. 1....	Edward Perkins.....	Albany.....	Eclectic Medical College, Phila.
Aug. 19....	Porter L. F. Reynolds.	Albany.....	Castleton M. C. & Alb'y M. C.,'61.
" 25....	Meyer L. Rhein.....	Albany.....	Albany Medical College, 1880.
Sept. 7....	John B. Rossman.....	Albany.....	Farfield Medical College, 1829.
" 21....	W. H. Randel.....	Albany.....	University New York City, 1851.
" 21....	Otto Ritzman.....	Albany.....	Albany Medical College.
" 27....	W. H. T. Reynolds....	Albany.....	Col. Ph's and Sg's, N. Y. City.
Dec. 4....	F. A. W. Rivet.....		(Reg. in Essex Co. Clerk's Office).
Aug. 3....	D. Springsteed.....	Albany.....	State License & Hom. Col., Pa.
" 13....	R. H. Sabin.....	West Troy.....	Albany Medical College.
" 27....	John C. Shiland.....	West Troy.....	Albany Medical College.
Sept. 7....	H. M. Simmons.....	Coeymans.....	Albany Medical College.
" 10....	Jno. Ben. Stonehouse.	Albany.....	Albany Medical College.
" 13....	Peter Snyder.....	Rensselaerville.....	Albany Medical College, 1875.
" 13....	C. P. Staats.....	Albany.....	Albany Medical College, 1859.
" 16....	Seth G. Shanks.....	Albany.....	Albany Medical College, 1875.
" 18....	Alexander Shiland....	West Troy.....	Albany Medical College, 1853.
" 18....	Norman L. Snow.....	Albany.....	Col. Phs. & Sgs., N. Y. City, '61.
" 21....	B. U. Steenberg.....	Albany.....	Albany Medical College, 1870.
" 21....	H. R. Starkweather...	Albany.....	Albany Medical College, 1871.
" 25....	George T. Stevens....	Albany.....	Castleton Medical College.
" 25....	Charles E. Seger.....	Adams Station.....	Albany Medical College, 1863.
" 27....	John Swinburne.....	Albany.....	Albany Medical College, 1843.
" 27....	J. W. M. Shattuck	Albany.....	Atlanta Medical College, Ga.
" 29....	R. Scheing.....	West Troy.....	Eclectic Med. Soc. Albany Co.
" 30....	Gustav B. Schill.....	Albany.....	Eclectic Medical Col. of N. Y.
" 30....	Ohas. F. Scattergeed..	Albany.....	Albany Medical College.
" 30....	Charles H. Smith	Albany.....	Albany Medical College.
Aug. 3....	Franklin Townsend...	Albany.....	Col. Ph's and Sg's, N. Y. City.
" 4....	Edwin B. Tefft.....	Albany.....	Buffalo Medical College.
Sept. 18....	Willis G. Tucker.....	Albany.....	Albany Medical College.
" 27....	John Thompson.....	Albany.....	University City of New York.
" 29....	Richard R. Trotter ...	Berne.....	Boston Univ. School of Med.
Aug. 4....	Gebhard L. Ullman...	Albany.....	Albany Medical College.
" 4....	Sabbatti Edw. Ullman,	Albany.....	Albany Medical College.
" 5....	David F. Van Aken...	Guilderland Centre...	Albany Medical College, 1860.
" 5....	S. O. Vander Poel, Jr .	Albany.....	College Phy's and Surg's, N. Y.
" 20....	Wm. H. Van Derzee ..	Albany.....	Albany Medical College, 1875.
" 24...	A. Van Derveer.....	Albany.....	Med. Dept. Col. Col. & A. M. C.
" 31....	A. T. Van Vranken....	West Troy.....	Albany Medical College, 1873.
Sept. 13....	Sheldon Voorhees	Albany.....	Albany Medical College, 1879.
" 13....	E. Van Slyke.....	Albany.....	Albany Medical College.
" 30....	S. O. Vander Poel.....	Albany.....	Jefferson Medical College, 1845.
Aug. 6....	Harriet A. Woodward.	Albany.....	Col. Ph's & Sg's, Syracuse, '75.
" 9....	W. J. Warren.....	Albany.....	Albany Medical College.
" 12....	Daniel Wasserbach ...	Albany.....	Lic'd at Amsterdam & the Hague.
" 28....	Howard L. Waldo.....	West Troy.....	Regents of Univ. State N. Y.,'75.
Sept. 1....	Lansing B. Winne....	Albany.....	Col. Ph's and Sg's, N. Y. City.
	John Wilson.....	Albany.....	State Eclectic Med. Soc., N. Y.
" 3....	John J. White.....	Albany.....	Albany Medical College.
" 8....	Platt Wickes.....	Rensselaerville.....	Diploma State Med. Soc., 1823.
" 16....	T. D. Worden.....	Albany.....	Dip. Albany Med. College, '80.
" 17....	John H. Wilber.....	Cohoes.....	Dip. Ec. Med. Col., Phila., '64.
" 21....	E. M. Wade.....	Watervliet.....	Acad. of Med., Castleton, Vt., '37.
" 21....	Felix Weidman.....	Westerlo.....	Dip. Albany Med. College, '47.
" 23....	Samuel B. Ward.....	Albany.....	Dip. Med. Dep, Georgetown Col.
" 25....	C. E. Witbeck.....	Cohoes.....	Dip. Albany Med. College, '66.
" 30....	A. McK. Whitbeck	Albany.....	Dip. Med. Soc'y Columbia Co.
" 30....	John H. Weckel.....	Cooksburg.....	University of New York.

THE MEDICAL ANNALS OFFICIAL REGISTER.

NUMBER 5. ALBANY, N. Y., 1881. PRICE, 5 CENTS.

ALBANY COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY —Annual meeting, second Tuesday in October. Semi-annual meeting, second Tuesday in May. Stated meetings are held in the evening, at Alumni Hall, Albany Medical College, at least once each month, from October to May.

OFFICERS—A. Shiland, President; William Hailes, Jr., Vice-President; Lorenzo Hale, Secretary; G. L. Ullman, Treasurer; W. N. Hays, J. Lewi, H. March, A. Van Derveer, S. B. Ward, Censors.

DELEGATES—To the Medical Society of the State of New York: J. D. Featherstonhaugh, T. Helme, J. W. Moore, E. Van Slyke. To the American Medical Association: E. A. Bartlett, L. Boudrias, R. D. Clark, P. B. Collier, T. Featherstonhaugh, William Geoghan, J. U. Haynes, P. J. Keegan, L. T. Morrill, F. G. Mosher, S. G. Shanks, F. Townsend, Jr., S. O. Vander Poel, Jr., Harriet A. Woodward. To Missouri State Medical Society: J. R. Boulware. To Medical Society of Columbia County: W. H. T. Reynolds. To Canada Medical Society: J. L. Archambeault.

STANDING COMMITTEES—On Pathology: A. Van Derveer, chairman; J. S. Bailey, J. P. Boyd, D. H. Cook, A. W. Kilbourne, C. S. Merrill, W. H. T. Reynolds, S. G. Shanks, L. B. Winne. On Hygiene and the Relations of the Profession to the Public: J. S. Mosher, chairman; J. L. Babcock, H. Bendell, D. V. O'Leary, E. B. Tefft, S. B. Ward. On Registration: Jno. Ben. Stonehouse, chairman; T. K. Perry, Lorenzo Hale.

Archambeault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9
Armsby G. H. 669 Broadway, 9-10, 3-4, 6-8
Bailey James S. 95 Hamilton, c. Eagle, 8-9, 3-4
Bailey Theodore P. 43 Central av. 9-10, 7-8
Bailey William H. 1 Washington av. 8-9, 3-4, 8-9
Balch Lewis, 61 Eagle, 8½-9½, 2-3½, 7-8
Ball O. D. 766 Broadway, 8-9, 1-2, 6-7
Barker James F. 675 Broadway, 9-10, 2-3, 6-8
Bartlett E. A. 83 Hawk, 8-9, 1-3, 5-7
Becker Hiram, New Salem, 8-9, 1-2, 7-9
Beckett Thomas, 276 Washington av. 7-9, 1-3, 6-10
Bell H. W. 350 Broadway, E. Albany, 7½-8½, 2-3, 7-8
Bendell Herman, 109 Eagle, 1-4, 6-8
Bigelow J. M. 81½ Hudson av. 8½-9½, 2½-3½, 7-9
Blatner J. H. 132 Hudson av. 8-9, 2-3, 6-8
Boudrias L. 105 Mohawk, Cohoes, 8-10, 1-3, 7-9
Boulware J. R. 171 Hamilton, c. Eagle, 8-9, 2-3, 7-8
Boyd James P. 212 State, 8-9, 2½-3, 6-7
Brown E. E. Bethlehem Centre
Buffinton C. E. 229 B'way, West Troy, 7-9, 2-4, 6-9
Case Daniel C. Slingerlands, 8-9, 1-2, 6-8
Case H. S. 80 Madison av. 8-10, 2-3, 7-9
Casler A. P. 91 Hudson av. 8½-9½, 2-3, 7-9
Clark O. H. E. 139 Mohawk, Cohoes, 8½-10, 1-2½, 7-9
Clark R. D. 65 Grand, 8-9, 12-?, 6-8
Collier Philip B. 291 Lark, 8-10, 2-3, 6-8
Cook D. H. 272 Clinton av, 8-9, 2-3, 6-8
Craig William H. 12 Ten Broeck, 8-9, 2½-3, 7-8
Crounse Hiram, Clarksville, 9 A. M. 4 P. M.
Crounse Jesse, Knowersville, 8-9, 7-9
Curtis F. C. 17 Washington av. 8-9, 2¾-3¾, 7-8
Davidson J. R. South Bethlehem, 8-9, 1-2, 6-7
De Graff A. Guilderland, 8-9, 1-2, 6-7
Devol C. 48 Franklin, 8-9, 12-2, 8-9
Du Bois Mary, 192 Hamilton, 11-2, 7-8
Elmendorf G. E. Coeymans Hollow
Featherstonhaugh J. D. 3 Summit, Cohoes, 2-4, 7-8
Featherstonhaugh Thos. 47 Eagle, 9 A. M. to 4 P. M.
Fellows H. I. 49 Herkimer, 9 A. M. 1 and 6 P. M.
Fegan Daniel, 319 Central av.
Fennely P. E. 79 Broadway, West Troy, 10-12, 4-5
Fonda David E. 65 Elm, 8-10, 2-4, 7-9
Fowler Amos, 29 Second, 7-9, 1-3, 7-9
Fredenburgh B. B. Coeymans
Freeman S. H. 77 Columbia, c. Chapel, 8-9, 1-2, 6-7
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Gould J. W. Cherry Hill, S. Pearl, 8-9, 2-3, 7-8
Graveline L. C. B. 119 Green, 8-9, 1-3, 7-9
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av. 8 9, 2-3, 6-7
Hall John E. Green Island, till 9½, 1-3, 6-7
Haskell H. M. Second, Bath, 8-9, 12-2, 7-9
Haskins H. R. 708 Broadway, 8-9, 3-5, 7-8
Haynes J. U. 76 Remsen, Cohoes, 8-9, 1-3, 6½-9
Hays William N. 650 Central av. 8-10, 1-3, 7-9
Healey James C. 46 Rensselaer, 8-9, 1-3, 6-8
Helme Thomas, McKownville, 8-10, 7-8
Holt Lehman B. 76 Hudson av. 8 A. M. 2 P. M. 6 P. M.
Huddleston Charles F. 47 Second av. Greenbush
Huested Alfred B. 77 Eagle, c. Hudson av.
Hun Thomas, 31 Elk
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
Kilbourne Albert W. 792 Broadway, 8-9, 2-3, 7-9
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi Joseph, 94 Westerlo, 8-9, 2-3, 6-8
Lewi Maurice J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av. 8-9, 3-4, 8-9
Lockwood John F. 403 Clinton av. 7-9, 12-2, 5-8
March Henry, 228 State, 9-10, 2-3, 6-8
McAllister John J. D. 98 Arch, 8-9, 12-3, 6-8
McNaughton Henry G. 89 Hawk, 7-11, 6-7
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 23 Washington av. 12-4, 6-7
Merrington Frank J. 3 Lancaster, 9-10, 2-3, 7-8
Monro Nelson, Swan, c. George, Gr'n Is'd, 7-9, 1-3, 7-8
Moore J. W. 92 & 94 Mohawk, Cohoes, 8-9, 1-3, 7-9
Morgan William, 30 Perry, 8-9, 4-5, 6-7
Morrill L. T. 56 Grand, c. Madison av. 8-9, 1-3, 6-8
Morrow Samuel R. 59 Hawk, 8-10, 2-3, 6-8
Mosher C. D. 351 South Pearl, 2-4 P. M.

Mosher Frank G. Coeymans, 8–10, 7-8
Mosher J. S. 3 Lancaster, 8-9, 2-3, 6-7
Munson George S. 138 State, 9-12, 2-4
Murphy P. M. 442 Broadway
Murray William H. 269 Lark, 8-9, 1-3, 6-7½
Myers John J. 920 Broadway
Nellis W. J. 81 Hudson av, 8½-10, 1-3, 6-8
Nellis T. W. 81 Hudson av, 8½-10, 1-3, 6-8
Newcomb G. H. 94 Chestnut, 7-9, 1-2, 6-8
O'Leary D. V. 52 Westerlo, 8-9, 1-3, 7-9
Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Peck M. R. C. 135 Washington av, 8-9, 3-4, 7-8
Peltier G. Upton, Cohoes, till 9, 12-2, 5-8
Perry T. Kirk, 180 Second, 8½-9½, 2-3, 6-8
Porter Charles H. 55 Eagle, 8-9, 2-3, 7-8
Purple W. L. 46 Second, 8–10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzman Otto, 200 Lark, c. Spring, 8-9, 1-3, 6-8
Rossman J. B. 72 Madison av, 10-12, 3-6, 8-10
Sabin R. H. 245 Broadway, W. Troy, 7-8½, 12-2, 6-7
Scattergood C. F. 10 Bleecker place
Seger C. E. Adams Station, 8-9, 1-2, 6-7
Shanks Seth G. 565 Clinton av, 8-10, 1-3, 6-8
Shiland A. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Shiland J. C. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Smith Charles H. 246 Washington av. 8-10, 1-3, 5-7
Snow N. L. 170 State, 8-9, 2½-3½, 6-8
Staats Charles P. 201 Madison av.
Starkweather R. H. 200 Central av. 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, c. Clinton av. 8-9, 1-3, 6-8
Steenberg H. W. 24 George, Green Is'd, 7-9, 1-3, 6-8
Stevens George T. 47 Eagle, 9-3, Wed. and Thurs.
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Swinburne John, 57 Eagle, 8–10, 2-4
Tefft Edwin B. 289 Clinton av. 8-10, 2-3, 6-8
Ten Eyck A. P. Defreestville, Rens. Co. 7-9, 1-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Townsend Frk'lin Jr. 188 State, 9½-10½, 2½-3½, 8-9
Trego T. M. 38 Clinton av. 8-9½, 2-3, 7
Tucker Willis G. 4 Lancaster, 2-6 P. M.
Ullman G. L. 71 Central av. 8-9, 1-3, 6-8
Ullman S. E. 145 Central av. 8-9, 1-3, 6-8
Vander Poel S. O. 144 State, 9 A. M. to 12 M.
Vander Poel S. O. Jr. 294 State, 9-10½, 2½-3½, 7-8½
Van Derveer Albert, 28 Eagle, 8-9, 2-3, 6-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
Van Vranken A. T. 31 Union, W. Troy, 8–10, 1-3, 6-8
Wade E. M. Watervliet Centre, 7-9, 3-5, 7-9
Wands A. Cohoes
Ward S. B. 135 North Pearl, 8-10, 2-3, 6-7
Weidman Felix, Westerlo, 7-10, 6–9
White John J. 214 Clinton av. 8-9, 12-2, 6-8
Winne L. B. 72 Livingston av. 8½-10, 1½-3, 6½-8
Witbeck C. E. 20 Seneca, Cohoes, 8-9, 1-3, 7-9
Woodward Harriet A. 695 Broadway, 8-9, 2-5, 6-7
Worden T. D. 91 Hawk, 8–9, 2-3, 6½-8
Janitor Albany Medical College, James Boom.

ALBANY ACADEMY OF MEDICINE. — Regular meetings, first and third Tuesdays of every month, except the summer months, in the College building, Jay street.

OFFICERS — John Thompson, President; William Geoghan, Vice-President; J. J. White, Secretary; U. B. La Moure, Treasurer; B. U. Steenberg, D. H. Cook, Jno. Ben. Stonehouse, Censors.

Barker J. F. 675 Broadway, 9–10, 2-3, 6-8
Bartlett E. A. 83 Hawk, 8-9, 1-3, 5-7
Bendell Herman, 109 Eagle, 1-4, 6-8
Boyd J. P. 212 State, 8-9, 2½-3, 6-7
Case D. C. Slingerlands, 8-9, 1-2, 6-8
Clark R. D. 65 Grand, 8-9, 12-2, 6-8
Cook D. H. 272 Clinton av, 8-9, 2-3, 6-8
DuBois Mary, 192 Hamilton, 11-2, 7-8
Fellows H. I. 49 Herkimer, 9 A. M. 1 and 6 P. M.
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av, 8-9, 2-3, 6-7
Hays William N. 650 Central av, 8-10, 1-3, 7-9
Hoit Lehman B. 76 Hudson av, 8 A. M. 2 and 6 P. M.
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi M. J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av, 8-9, 3-4, 8-9
Lilienthal H. 52 Division, 8-9, 2-3, 6-8
March Henry, 228 State, 9-10, 2-3, 6-8
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 23 Washington av, 12-4, 6-7
Morrill L. T. cor. Grand & Madison av, 8-9, 1-3, 6-8
Munson George S. 138 State, 9-12, 2-4
Murray William H. 269 Lark, 8-9, 1-3, 6-7½
Nellis William J. 81 Hudson av, 8½-10, 1-3, 6-8
Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Perry T. K. 180 Second, 8½-9½, 2-3, 6-8
Purple W. L. 46 Second, 8-10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzman O. 200 Lark, c. Spring, 8-9, 1-3, 6-8
Shanks S. G. 565 Clinton av, 8-10, 1-3, 6-8
Starkweather R. H. 200 Central av, 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, 8-9, 1-3, 6-8
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Tefft E. B. 289 Clinton av, 8–10, 2-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Ullman G. L. 71 Central av, 8-9, 1-3, 6-8
Vander Poel S. O. Jr. 294 State, 9-10½, 2½-3½, 7-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
White J. J. 214 Clinton av, 8-9, 12-2, 6-8
Woodward H. A. 695 Broadway, 8-9, 2-5, 6-7

NON-RESIDENT FELLOWS.

F. E. Knapp, New York city.
S. A. Russell, Utica, N. Y.
W. O. Stillman, Saratoga, N. Y.
E. E. Whitehorne, Schenectady, N. Y.
W. A. Hall, Fulton, Herkimer Co., N. Y.
J. J. Alexander, New York city.
T. D. Crothers, Hartford, Conn.
I. De Zouche, Gloversville, Herkimer Co., N. Y.
I. A. Hart, Colorado.
S. A. Ingham, Little Falls, N. Y.
W. W. McGregor, Glen's Falls, N. Y.
A. V. H. Smythe, Minaville, N. Y.
Thomas Wilson, Claverack, N. Y.
C. F. Huddleston, 47 Second av, Greenbush, N. Y.
T. B. Van Alstyne, Richmondville, Schoharie Co.
S. Voorhees, 126½ Tripp block, Auburn, N. Y.
J. P. Curley, Newport, R. I.
J. C. Hannan, Hoosick Falls, N. Y.

HONORARY FELLOWS.

E. J. Fiske, Troy, N. Y.
C. F. Wheeler, Albany.
E. C. Baxter, Albany.

ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE.—Organized January 20, 1874. The membership consists of the officers and graduates of the college. Total number of graduates, 1,509. Names and addresses upon the roll, 889. The object of the association is to promote the interests of the college in the work of medical education, and to cultivate social intercourse a ong the members of the alumni. The annual meeting is held upon the afternoon of commencement day. The officers are elected annually.

OFFICERS—Albert Van Derveer, Albany, President; William L. Johnson, Johnstown, James D. Featherstonhaugh, Cohoes, Henry March, Albany, E. Van Slyke, Albany, Arlington Boyce, East Schodack, Vice-Presidents; Willis G. Tucker, Albany, Secretary; Gebhard L. Ullman, Albany, Treasurer; Jno. Ben. Stonehouse, Albany, Historian.

EXECUTIVE COMMITTEE—Isaac DeZouche, Gloversville; John H. Dorn, New York; W. Geoghan, Albany; Byron U. Steenberg, Albany; Charles E. Jones, Albany; Daniel C. Case, Slingerlands; W. W. McGregor, Glen's Falls; Adam T. Van Vranken, West Troy; W. Stevens, Cairo; Adelbert Hewitt, Fort Edward; Lorenzo Hale, Albany; Frank M. Boyce, Saratoga; Jacob S. Mosher, Albany.

ALLEGANY COUNTY.

ALLEGANY COUNTY MEDICAL SOCIETY.—Meetings held quarterly; annual meeting, third Wednesday in June; other meetings, third Wednesday in September, December and March, at such places as a majority of members present may select.

OFFICERS—J. L. Cutler, President; H. H. Nye, Vice-President; A. E. Willard, Secretary and Treasurer, Friendship; A. E. Willard, R. Y. Charles, S. Maxon, C. W. Saunders, H. H. Nye, Censors.

BROOME COUNTY.

BROOME COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in October; quarterly meetings, first Tuesday in January, April and July.

OFFICERS—A. F. Taylor, President; Dwight Dudley, Vice-President; J. H. Chittenden, Secretary, Binghamton; D. S. Burr, Treasurer; George Burr, J. G. Orton, C. B. Richards, C. D. Spencer, L. D. Witherill, Censors.

CATTARAUGUS COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF CATTARAUGUS.—Annual meeting, first Wednesday in June, at Ellicottville; quarterly meetings at some point designated at a previous meeting.

OFFICERS—A. D. Lake, President; E. S. Stewart, Vice-President; George Lattin, Secretary, Cattaraugus; Ira L. Bronson, Treasurer; F. C. Beales, W. Sibley, H. S. Smith, Censors.

CAYUGA COUNTY.

CAYUGA COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June; semi-annual meeting, second Wednesday in December; stated meeting, second Wednesday in each month.

OFFICERS—J. P. Creveling, President; W. J. Cox, Vice-President; Nettie E. Jenkins, Secretary and Treasurer, 14 William street, Auburn; W. A. Gorton, F. M. Hamlin, F. Kenyon, Censors.

CHAUTAUQUA COUNTY.

CHAUTAUQUA COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July, at Mayville; semi-annual meeting, second Tuesday in January.

OFFICERS—H. R. Rogers, President; H. J. Dean, Vice-President; H. A. Record, Secretary and Treasurer, Mayville; William Chace, A. Waterhouse, S. M. Smith, Censors.

CHEMUNG COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF CHEMUNG.—Meetings held at Elmira, on the second Tuesday in June (the annual meeting), September, December and March.

OFFICERS—P. H. Flood, President; Z. F. Chase, Vice-President; C. W. M. Brown, Secretary, 312 West Church street, Elmira; William Woodward, Treasurer; W. C. Wey, T. H. Squire, H. S. Chubbuck, J. E. Eldred, Henry Flood, Censors.

CHENANGO COUNTY.

CHENANGO COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June; tri-annual meeting, second Tuesday in October.

OFFICERS, 1880—J. W. Thorp, President; M. D. Spencer, Vice-President; L. J. Brooks, Secretary, Norwich; G. W. Avery, Treasurer; W. H. Stuart, S. M. Hand, S. F. McFarland, H. H. Beecher, J. D. Guy, Censors.

CLINTON COUNTY.

CLINTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in July, at Plattsburgh.

OFFICERS—D. S. Kellogg, President; C. H. Bidwell, Vice-President; E. M. Lyon, Secretary and Treasurer, Plattsburgh; D. S. Kellogg, G. D. Dunham, L. C. Dodge, C. B. Vaughn, J. H. La Rocque, Censors.

COLUMBIA COUNTY.

COLUMBIA COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in October; semi-annual meeting, first Tuesday in June, at City Hall, Hudson, N. Y.

OFFICERS—Thomas Wilson, President; C. E. Fritts, Vice-President; John T. Wheeler, Secretary and Treasurer, Chatham; J. C. Benham, G. E. Benson, M. L. Bates, Thomas Wilson, P. V. S. Pruyn, Censors.

CORTLAND COUNTY.

CORTLAND COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June; semi-annual meeting, second Wednesday in December.

OFFICERS—A. Quivey, President; A. L. Head, Vice-President; Caleb Green, Secretary, Homer; G. W. Bradford, Treasurer; F. Hyde, Librarian; H. C. Hendrick, J. W. Hughes, S. Beebe, M. G. Hyde, S. C. Webb, Censors.

DELAWARE COUNTY.

DELAWARE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in January.

OFFICERS—J. S. McNaught, President; W. E. Heimer, Vice-President; H. A. Gates, Secretary, Delhi; J. Calhoun, Treasurer; I. Wilcox, F. S. McNaught, D. H. Mann, T. Wight, Censors.

DUTCHESS COUNTY.

DUTCHESS COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in January; semi-annual meeting, second Wednesday in June, at Poughkeepsie.

OFFICERS—Per Lee Pine, President; M. N. Van Duzer, Vice-President; Guy C. Bayley, Secretary, Poughkeepsie; C. Langdon, Treasurer; E. L. Beadle, D. Guernsey, A. Hasbrouck, R. K. Tuthill, G. H. Gerow, Censors.

ERIE COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June, at Buffalo.

OFFICERS—F. F. Hoyer, President; John Hauenstein, Vice-President; A. M. Barker, Secretary, 137 West Tupper street, Buffalo; W. C. Phelps, Treasurer; J. B. Samo, Librarian; Henry Nichell, F. F. Hoyer, J. C. Greene, J. Sloan, A. H. Briggs, Censors.

ESSEX COUNTY.

ESSEX COUNTY MEDICAL SOCIETY.—Annual meeting, fourth Tuesday in June, at Elizabethtown; other meetings at such times and places as voted at annual meeting.

OFFICERS—E. F. Strong, President; W. Cleveland, Vice-President; E. F. Edgerly, Secretary and Treasurer, Moriah Centre; C. A. Hopper, E. F. Edgerly, A. Pollard, Censors.

FRANKLIN COUNTY.

FRANKLIN COUNTY MEDICAL SOCIETY.—Annual meeting, third Tuesday in January; two other meetings on the first Tuesdays of June and September.

OFFICERS—Lauriston M. Berry, President; L. M. Wardner, Vice-President; Sidney M. Bates, Secretary and Treasurer; Theodore Gay, William Gillis, A. M. Phelps, Censors.

Banker S. J. Burke
Brand Warren M. Burke
Bates Sidney P. Main st. Malone, 8-10 A. M.
Berry Lauriston M. Westville
Cameron ——, Dickinson Centre
Crippen Carter J. Trout River, Constable
Darling Ira A. West Bangor
Farnsworth Hial S. Depot st. Chateaugay, 8-10 A. M.
Furniss Henry, Main st. Malone, 8-10 A. M.
Gay Theodore, Elm st. Malone, 8-10 A. M.
Gillis William, Fort Covington, 8-10 A. M.
Hawkins ——, Brushton, Moira, 8-10 A. M.
Howe George, Main st. Chateaugay, 8-10 A. M.
Irwin Ralph, Pearl st. Malone, 8-10 A. M.

Larocque Emile, Main st. Malone, 8-10 A. M.
Macfle James, Fort Covington, 8-10 A. M.
Mott William, Main st. Chateaugay, 8-10 A. M.
Moxley Isaac J. South Bangor
Pearle ——, North Bangor
Phelps A. M. Main st. Chateaugay, 8-10 A. M.
Phillips James S. Main st. Malone, 8-10 A. M.
Rockwood H. S. Bombay
Rust E. A. Moira, 8-10 A. M.
Skinner Calvin, Elm st. Malone, 8-10 A. M.
Smith C. B. West Bangor
Wilbur A. A. Constable
Wilding R. J. Cherubusco
Woodward Daniel B. Ellenburgh
Whyte R. M. Ellenburgh Centre
Wardner L. M. Dickinson Centre

FULTON COUNTY.

FULTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Thursday in January; semi-annual meeting, second Thursday in July.

OFFICERS—Darius S. Orton, President; John Edwards, Vice-President; Isaac DeZouche, Secretary; David V. Still, Treasurer; D. N. Barker, F. W. Shaffer, J. K. Thorne, Censors.

DELEGATE—To State Medical Society: John E. Burdick.

Avery A. J. Northville
Barker D. N. Broadalbin
Beach Eugene, Gloversville
Blake J. F. Northville
Burdick John E. Rockwood
Cameron Richard H. Johnstown
DeZouche Isaac, Gloversville
Edwards John, Gloversville
Furbeck Peter R. Gloversville
Johnson W. L. Johnstown
Lefler C. M. Gloversville
Lefler Jehiel, Johnstown
McGann Thomas, Wells, Hamilton Co.
Orton Darius S. Northampton
Shaffer F. W. Gloversville
Smith T. D. Broadalbin
Still David V. Johnstown
Thorne J. K. Broadalbin
Van Ness Ira H. Osborn's Bridge
Walrath Adam, Lasselville
Young James K. Johnstown

GENESEE COUNTY.

GENESEE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in January, at Batavia.

OFFICERS—C. F. Rand, President; H. A. Morse, Vice-President; J. R. Cotes, Secretary and Treasurer, Batavia; A. P. Jackson, William B. Sprague, L. B. Parmelee, H. Pamphilon, L. L. Tozier, Censors.

GREENE COUNTY.

GREENE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in May, at Cairo; semi-annual meeting, second Tuesday in October.

OFFICERS—William Stevens, President; Thomas H. Wright, Vice-President; William P. McLaury, Secretary, Catskill; William B. Heustis, Treasurer.

DELEGATES—To State Society: C. E. Willard. To American Medical Association: William Stevens. To Foreign Medical Societies, from American Medical Association: William Stevens.

HERKIMER COUNTY.

HERKIMER COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in December.

OFFICERS—A. J. Browne, President; E. M. Draper, Vice-President; A. Walter Suiter, Secretary, Herkimer; George Graves, Treasurer; J. E. Casey, S. A. Ingham, Jr., J. I. Rasback, J. P. Sharer, W. H. H. Parkhurst, Censors.

JEFFERSON COUNTY.

JEFFERSON COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in January; semi-annual meeting, first Tuesday in July; quarterly meeting, first Tuesday in April and October, at Watertown.

OFFICERS—L. E. Jones, President; P. H. Johnson, Vice-President; H. H. Deane, Secretary, Watertown; J. H. Tamblin, Treasurer; S. L. Parmelee, E. B. Pratt, J. R. Sturtevant, E. Sill, H. A. McIlmoyle, Censors.

KINGS COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF KINGS.—Stated meetings on the third Tuesday evening of each month, in Everett Hall, 398 Fulton street, Brooklyn.

OFFICERS—C. Jewett, President; F. W. Rockwell, Vice-President; Richard M. Wyckoff, Secretary, 532 Clinton avenue; J. H. Hunt, Assistant Secretary, 419 Hart street; J. R. Vanderveer, Treasurer, 301 Carlton avenue; T. R. French, Librarian; Avery Segur, A. Hutchins, B. F. Westbrook, W. H. Thayer, J. D. Rushmore, Censors.

DELEGATES—To the Medical Society of the State of New York (1878 to 1882): E. N. Chapman, F. W. Rockwell, J. D. Rushmore, A. Otterson, J. S. Wight, S. Sherwell, W. Wallace, J. Byrne, B. F. Westbrook, J. G. Shaw, G. G. Hopkins. To the American Medical Association: J. S. Andrews, S. G. Armor, G. W. Baker, H. L. Bartlett, J. H. H. Burge, J. Byrne, A. S. Clarke, J. Crane, T. P. Corbally, G. A. Evans, G. R. Fowler, W. E. Griffiths, A. Hutchins, J. C. Hutchinson, L. S. Pilcher, J. S. Prout, J. H. Raymond, H. N. Read, F. W. Rockwell, J. D. Rushmore, W. G. Russell, A. Segur, J. C. Shaw, S. Sherwell, A. J. C. Skene, E. R. Squibb, J. R. Vanderveer, J. Walker, B. F. Westbrook, H. F. Williams, R. M. Wyckoff.

COMMITTEES—On Registration: W. E. Griffiths, W. G. Russell, R. M. Buell, N. Matson, J. A. Jenkins, F. W. Rockwell, A. S. Clarke. On Hygiene: J. Walker, B. Edson, N. B. Sizer. On Physicians' Mutual Aid Association: Avery Segur, W. W. Reese, J. H. H. Burge, A. Hutchins, W. G. Russell, I. H. Barber, A. W. Catlin.

LEWIS COUNTY.

LEWIS COUNTY MEDICAL SOCIETY.—Annual meeting, fourth Tuesday in June; quarterly meetings, fourth Tuesday in September, December and March.

OFFICERS—C. H. Merriam, President; L. F. Mason, Vice-President; J. H. Crosby, Secretary, Lowville; H. S. Hendee, Treasurer; C. H. Merriam, C. E. Douglass, W. H. Johnson, Censors.

LIVINGSTON COUNTY.

LIVINGSTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Geneseo; semi-annual meeting, second Tuesday in January, at the place selected by the Society; quarterly, at call of the President.

OFFICERS—J. C. Crisfield, President; J. G. Filkins, Vice-President; George H. Jones, Secretary, Fowlerville; W. E. Lauderdale, Jr., Treasurer; W. E. Lauderdale, Jr., B. T. Kneeland, Z. W. Joslyn, I. A. M. Dike, R. J. Menzie, W. B. Alley, Censors.

MADISON COUNTY.

MADISON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July; semi-annual meeting, second Tuesday in January.

OFFICERS—A. D. Head, President; H. Foord, Vice-President; L. A. Van Wagner, Secretary and Treasurer, North Brookfield; H. W. Carpenter, L. A. Van Wagner, I. N. Goff, C. D. Greene, C. H. Ransom, Censors.

MONROE COUNTY.

MONROE COUNTY MEDICAL SOCIETY.—Annual meeting, last Wednesday in May, held in the Common Council Chamber, at Rochester.

OFFICERS—T. B. Collins, President; P. D. Carpenter, Vice-President; W. F. Sheehan, Secretary, 45 Lake avenue, Rochester; G. A. Wallace, Treasurer; President, Vice-President and Secretary, Censors.

MONTGOMERY COUNTY.

MONTGOMERY COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June, at Fonda; semi-annual meeting, second Wdnesday in December.

OFFICERS—C. C. Vedder, President; F. E. Simons, Vice-President; F. G. Buckbee, Secretary and Treasurer, Fonda; M. Snyder, W. H. Robb, S. D. Lewis, J. H. Scoon, D. Ayers, Censors.

NEW YORK COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—Stated meetings are held at the College of Physicians and Surgeons, at eight o'clock, on the fourth Monday evening of every month, excepting July and August.

OFFICERS—A. E. M. Purdy, President; F. A. Castle, Vice-President; W. M. Carpenter, 123 E. 25th street, Secretary; P. B. Porter, Assistant Secretary; O. B. Douglas, 123 E. 36th street, Treasurer; D. Webster, R. A. Barry, F. R. Sturgis, P. F. Munde, D. Lewis, Censors.

NIAGARA COUNTY.

NIAGARA COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in January; quarterly meetings, first Tuesday in April and September, at Lockport.

OFFICERS—A. Walter Tryon, President; F. J. Barker, Vice-President; T. B. Cosford, Secretary, Lockport; John Foote, Treasurer; T. B. Cosford, P. Faling, W. B. Gould, M. S. Kittinger, A. W. Tryon, Censors.

ONEIDA COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ONEIDA.—Meetings: Annual, second Tuesday in July; semi-annual, second Tuesday in January; quarterly, second Tuesday in October and April. The semi-annual meeting is held in Rome; the others in Utica.

OFFICERS—Joseph E. West, President; Edwin Evans, Vice-President; J. S. O'Hara, Secretary, 213 Genesee street, Utica; J. K. Chamberlayne, Treasurer; Alonzo Churchill, Librarian; George Seymour, William Russell, A. C. Watson, Utica, N. Wolcott, Holland Patent, Walter Griswold, New Hartford, Censors.

ONONDAGA COUNTY.

ONONDAGA COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, last Tuesday in January; quarterly meetings at such intermediate times as the Society may direct. All meetings are held in Syracuse.

OFFICERS—M. B. Fairchild, President; J. D. Potter, Vice-President; D. M. Totman, Secretary, Syracuse; G. W. Cook, Treasurer; L. F. Weaver, Librarian; H. B. Allen, J. P. Dunlap, A. Mercer, W. T. Plant, John Van Duyn, Censors.

ONTARIO COUNTY.

ONTARIO COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July; quarterly, October, January and April, at Canandaigua.

OFFICERS—J. B. Hayes, President; D. S. Allen, Vice-President; J. H. Jewett, Secretary and Treasurer, Canandaigua; L. F. Wilbur, E. W. Simmons, J. H. Allen, H. F. Bennett, F. D. Vanderhoof, Censors.

ORANGE COUNTY.

ORANGE COUNTY MEDICAL SOCIETY.—Meetings: Annual, first Tuesday in June; semi-annual, first Tuesday in October, at Goshen.

OFFICERS—William B. Eager, President; Arthur Pell, Vice-President; Burke Pillsbury, Secretary, Middletown; S. C. Smith, Treasurer and Librarian; J. C. Boyd, Arthur Pell, H. C. Seely, C. P. Smith, Censors.

ORLEANS COUNTY.

ORLEANS COUNTY MEDICAL SOCIETY.—Meetings: Annual, first Thursday in November; semi-annual, first Thursday in May, at Albion, unless otherwise ordered.

OFFICERS—H. C. Tompkins, President; John H. Taylor, Vice-President; Tousley B. Lewis, Secretary and Treasurer, Albion; James Chapman, John Jenkins, E. M. Crabb, Censors.

OSWEGO COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF OSWEGO.—Annual meeting, second Tuesday in June, at Mexico; semi-annual meeting, second Tuesday in January, at Oswego.

OFFICERS—Byron DeWitt, President; C. J. Bacon, Vice-President; C. R. Lee, Recording Secretary, Fulton; M. K. Hutchins, Corresponding Secretary; C. G. Bacon, Treasurer; D. J. Phillips, Librarian; D. Pardee, J. K. Stockwell, T. J. Green, J. W. Eddy, D. T. Whyborn, Censors.

OTSEGO COUNTY.

OTSEGO COUNTY MEDICAL SOCIETY.—Meetings: Annual, third Tuesday in July; semi-annual, third Tuesday in January, at Cooperstown.

OFFICERS—E. E. Houghton, President; J. D. Fitch, Vice-President; E. W. Spafford, Secretary, Portlandville; L. H. Hills, Treasurer; W. T. Bassett, A. D. Blakely, H. Lathrop, G. Merritt, Censors.

DELEGATES—To State Medical Society: Meigs Case, A. S. Seeber.

Bassett Wilson T. Cooperstown
Blakely A. D. Milford
Bowen Henry W. Schenevus
Case Meigs, Oneonta
Case Samuel H. Oneonta
Clapsaddle, H. S. Toddsville
Clyde G. D. Cherry Valley
Cook G. W. Otego
Fitch J. D. Schuyler's Lake
Fitch T. S. East Springfield
Green John W. West Laurens
Halsey G. L. Unadilla
Harris T. H. Laurens
Hill E. D. Burlington Flats
Hills L. H. Cooperstown
Houghton E. E. Schenevus
Kenyon D. R. Mount Vision
Lathrop Horace, Cooperstown
Leaning J. K. Fly Creek
Leonard Wm. H. East Worcester
McClellan M. J. Garrattsville
Merritt George, Cherry Valley
Merritt George L. Cherry Valley
Moon John H. East Springfield
Odell Evander, Unadilla
Parshall J. E. Cooperstown

Peck D. W. Oneonta
Pomeroy S. G. West Oneonta
Robinson Solomon, Hartwick
Russell A. N. South Valley
Seeber A. S. Milford
Sloan George A. Westford
Smith P. S. Hartwick
Smithe Nathan, Burlington Flats
Spafford E. W. Portlandville
Sterricker J. W. Roseboom
Strong Addison P. Laurens
Swanson J. W. Springfield Centre
Sweet J. J. Unadilla
Wheeler George W. Garrattsville

PUTNAM COUNTY.

PUTNAM COUNTY MEDICAL SOCIETY. — Annual meeting, fourth Tuesday in July; quarterly, fourth Tuesday in October, January and April.

OFFICERS — Nathan W. Wheeler, President; G. W. Murdock, Vice-President; N. B. Bayley, Secretary, Brewsters; Austin La Monte, Treasurer; Edward Crosby, J. Q. Adams, J. H. Smith, Censors.

QUEENS COUNTY.

QUEENS COUNTY MEDICAL SOCIETY.—Annual meeting, last Tuesday in May, at Garden City; semi-annual meeting, last Tuesday in October.

OFFICERS—William D. Wood, President; J. D. Trask, Sr., Vice-President; C. G. J. Finn, Secretary and Treasurer, Hempsted; J. H. Bogart, W. T. Burnett, P. M. Wood, C. H. Ludlum, G. Faller, Censors.

RENSSELAER COUNTY.

RENSSELAER COUNTY MEDICAL SOCIETY.*— Meetings: Annual, second Tuesday in January; stated, second Tuesday of February, March, April, May, September, October, November and December.

OFFICERS—Joseph D. Lomax, President; E. W. Capron, Vice-President; Clarkson C. Schuyler, Secretary; C. E. Nichols, Treasurer; C. E Nichols, Robert Thomson, Mahlon Felter, William N. Bonesteel, Daniel D. Bucklin, Censors.

COMMITTEE—On Hygiene: Charles L. Hubbell, Matthew H. Burton, E. D. Ferguson, C A. Winship, James A. Thompson.

Akin Washington, 12 Fourth, 8-9, 2-3, 7-8
Allen Amos, Grafton Centre
Allen C. S. Greenbush, 7-9, 12-2, 6-9
Baynes William T. Jay, c North Second
Beale E. N. Schaghticoke, 8-9, 2-3, 7-9
Blanchard James A. Hoosick Falls, 8-9½, 5-7
Bonesteel Wm. N. Mill, Nail Factory, 8-9, 1-2, 6-8
Bontecou R. B c. B'way and Fourth, 8-9, 2-3, 7-8
Bucklin D D. 575 State, Lansingburgh, 9-10, 1-2, 7-8
Burbeck Charles H. 22 Second, 9-10, 2-3, 6-8
Burton M. H. 75 Fourth, 8-9, 2-3, 6-8
Butts Elihu, Schaghticoke
Camp N. H. 111 Fourth, 8 9, 12-2, 6-8
Capron E W. 543 State, Lansingburgh, 7-9, 12-2, 6-8
Carmichael E. W. Sandlake, 7-8, 12-2, 7-8
Cipperly John H. Marshall Infirmary
Crombie W. C. Schaghticoke, 7-9, 12-2, 7-9
Cooper W. L. Albia (Troy), 3-5, 7-8
Cooper W S. 81 Third, 8-9, 2-3, 7-8
Davis Ezekiel H. 574 State, Lansingburgh, 7-9, 1-3, 7-9
Felter Mahlon, 106 Fifth, 7-8½, 1-2, 5-8
Fennelly P. E. 70½ North Second
Ferguson E. D. 2 Union Place, 8-9, 1-3, 6-8
Fisk E. J. 75 Third, 9-10. 2-3, 7-8
Halves F 14 Fourth, 8-10, 2-3, 6-8
Heimstreet T. B 13½ Second, 9-10, 3-4, 7-8
Hill A. D. Greenbush, 8-9, 3-4, 7-8
Hubbell Charles L. 35 First, 9-10, 2½-4, 7-8
Hull A E. Berlin, 7-9, 6-8
Hutchinson J. C. Ferry and Third, 8-9, 2-3, 6-8
Kinlock O. F. c. Fifth and State
Lomax J. D. Marshall Infirmary
Magee Daniel, 121 Fourth, 9-10, 3-4, 7-8
Magee Hugh, 115 Fourth, 9-10, 1-3, 6-7½
Mason William P. Troy
Magee John, Lansingburgh, 7-9, 3-4, 7-8
McChesney James, Pawling av.
McLean LeRoy, 21 First, 9-10, 2-3, 7-8
McTammany W. F. 536 Fourth, 9-10, 3-5, 7-8
Neher P. C. Nassau, 7-8, 1-2, 7-8
Nichols C. E. 57 Fourth, 8-10, 2-3, 6-8
Nichols William H. West Sandlake
O'Connor Jeremiah, Troy Hospital
Parmele F. B. 77 B'way, Greenbush, 8-9, 12-1, 7-8
Pease Caroline S. 66 Fourth, 8-10, 2-4
Prendergast J. P. 18 King
Reynolds Charles N Garfield, 7-10, 7-9
Rousseau Zotique, 108 Second, 8-9, 1-3, 6-8
Schuyler C. C. 21 First, 9-10, 2-3, 7-8
Seymour W. P. 105 Third, 10-12, 3-5, 7-8
Seymour Wm. W 105 Third, 8-10, 12-3, 6-7
Skinner S A. Hoosick Falls
St John T. L Centre Brunswick, 7-9
Thompson J A. Valley Falls, 8-10, 2-4
Thomson Robert, 339 Congress, 8-9, 1-2, 7-8
Traver R. D. 8 Waverly Place, 7-8, 1-3, 6-8
Van Wert Harry, Ramertown, 8-10 A. M.
Ward R. H. 53 Fourth, 9-10, 2-3, 7-8
Warwick James, 242 Second, 8-9, 1-2, 6-8
Whiton H. B 48 Fourth, 8-9, 2-3
Winship C. A. Eagle Mills
Willis A. B. Johnsonville, 8-10, 6-8

* Membership in Troy, when not otherwise specified.

GREENBUSH MEDICAL ASSOCIATION. — Meets in Greenbush, Rensselaer county, the first and third Mondays of each month.

OFFICERS—F. B. Parmele, President; H. W. Bell, Vice-President; W. Parker Pike, Secretary and Treasurer.

Abbott G. M. B'way c. Fowler, Bath, 8-9, 1-2, 6½-7½
Allen C. S. 36 Second av, Greenbush, 7-9, 1-2, 6-8
Bell H. W. 350 Broadway, East Albany, 8-10, 1-2, 6-8
Boyce Arlington, East Schodack
Curtis W. N. 446 Broadway, E. Albany, 8-10, 1-2, 6-9
Hill A. D. 22 Washington, Greenbush, 8-9, 3-4, 7-8
Parmele F. B. 77 B'way, Greenbush, 8-9, 12-1, 7-8
Pike W. Parker, 384 B'way, E. Albany, 8-10, 1-3, 6-7
Shaffer J. M. South Schodack
Ten Eyck A. P. DeFreestville, North Greenbush
Wood W. F. 378 B'way, East Albany, 8-10, 2-3, 7-9

RICHMOND COUNTY.

Richmond County Medical Society.—Annual meeting, first Wednesday in July; monthly, first Wednesday of each month, at the Seaman's Retreat, Stapleton.

Officers—A. L. Carroll, President; C. Henry King, Vice-President; W. C. Walsher, Secretary and Treasurer, New Brighton; C. H. King, J. L. Feeney, F. W. Johnston, Censors.

ROCKLAND COUNTY.

Medical Society of Rockland County.—Annual meeting, last Tuesday in May; semi-annual meeting, last Tuesday in October.

Officers—C. H. Massen, President; G. F. Blauvelt, Vice-President; W. Govan, Secretary, Stony Point; J. S. Wigton, Treasurer and Librarian; J. J. Stephens, E. H. Maynard, George A. Lockwood, Censors.

ST. LAWRENCE COUNTY.

St. Lawrence County Medical Society.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June; place of meeting determined by a vote at each annual meeting.

Officers—Z. B. Bridges, President; B. F. Drury, Vice-President; L. E. Felton, Secretary, Potsdam; R. R. Sherman, Treasurer; R. Morris, J. Reynolds, R. R. Sherman, Censors.

SARATOGA COUNTY.

Saratoga County Medical Society.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in December, at Ballston Spa.

Officers—R. C. McEwen, President; S. N. Rowell, Vice-President; C. E. Creal, Secretary, Saratoga Springs; W. K. Hall, F. M. Boyce, W. H. Hodgman, I. G. Johnson, T. E. Parkman, Censors.

Union Medical Association of the Counties of Saratoga, Washington and Warren.—Annual meeting, at Glen's Falls, third Tuesday in February, at 10 o'clock A. M.; quarterly meetings, third Tuesday in February, May, August and November; other meetings at such places as may be determined by a vote of the association at the next previous meeting.

Officers—R. C. McEwen, President; Adelbert Hewitt, Vice-President; B. G. Streeter, 2d Vice-President; A. O. Ameden, Secretary, Glen's Falls; J. J. Flint, Treasurer.

Ameden A. O. 5 Church, Glen's Falls, until 9, 3-5, 7
Creal Charles E. Saratoga Sp's, 8-10, 12-1, 3-4, 6½-8½
Chapin F. L. R. c. Glen & Park, Glen's Falls, 11-1, 4-6
Ferguson James, 12 Culvert, Glen's Falls, 12-2, 5-7
McEwen R. C. Saratoga Springs, 9-10, 12-1, 4-5
MacGregor W. W. 88 Glen, Glen's Falls, 8-9, 1-2, 7-8
Murray B. J. Wilton, Saratoga Co. 7-9 A. M.
Reynolds T. B. Saratoga Springs, 8-9, 12-1, 3-4, 7-8
Rowell S. N. Malta, Saratoga Co.
Stonehouse Jno. Ben. 5 High, Albany
Shevlin D. P. 9 Federal, Saratoga Sp's, 8-10, 1-3, 7-9
Streeter B. G. & F. B. 25 Maple, Glen's Falls, 7-9, 1-3
Vincelette A. 15 West, Glen's Falls, to 9, 3-5, after 7
White J. Seward, South Glen's Falls, 8-9, 2-3, 6-8
Willard Lyman M. Saratoga Springs, 8-10, 1-4, 7-9

SCHENECTADY COUNTY.

Schenectady County Medical Society.—Annual meeting, second Tuesday in January; semi-annual, second Tuesday in June.

Officers—B. A. Mynderse, President; G. W. Van Voast, Vice-President; W. L. Pearson, Secretary; A. S. Veeder, Treasurer; M. G. Planck, H. C. Van Zandt, J. Reagles, Censors.
Delegates—To State Medical Society: Maurice Perkins. To American Medical Association: Edwin Young.
Committees—On Medical Ethics: Charles Hammer, H. V. Hull, J. Schoolcraft. On Vital Statistics: G. W. Van Voast, N. S. Cheeseman, E. E. Whitehorne.

Brumaghem Peter A. Mariaville
Cheeseman N. S. Scotia, 7-9, 2½-4, 7-10
Daggett Nathan G. Schenectady, 9-10, 2½-4, 7-10
De La Mater S. G. Duanesburgh, 8 A.M. 1 P.M. 7 P.M.
Ellwood L. Schenectady, 7-8, 3-6, 7-9
Ennis A. Pattersonville, 12 M. 2 P. M.
Fuller Robert, Schenectady, 8-9, 2-4, 6-8
Greene Geroe, Schenectady, 7-9, 12-2, 6-8

Hammer Charles, Schenectady, 7-9, 1-5, 7-9
Hull H. V. Schenectady, 8-9, 2-3, 7-8
McDonald George E. Schenectady, 7-9, 12-2, 6-9
Mackay John P. Schenectady, 7-9, 12-2. 5-10
Mynderse B. A. 27 Liberty, 8-9, 1-2, 6-8
Pearson W. L. 107 Union, to 9 A. M. 2-4, 7½-8½
Perkins Maurice, Schenectady, 8-12, 2-4
Planck M. G. Schenectady, to 9 A. M. 1-3, 7-9
Reagles James, Schenectady, 8-9, 2-3
Roach Paul, Quaker Street
Rowe George, Braman's Corners
Schoolcraft John, Schenectady, 9-10, 2-4, 8-9
Steinfuehrer G. A. F. Schenectady, 8-10, 1-3
Van Voast G. W. Schnectady, 7-9, 1-2, 7-9
Van Zandt H. C Schenectady, to 9 A. M. 1-3, 6-8
Veeder A. S. Schenectady
Whitehorne E. E. Schenectady
Young Edwin, West Glenville, 10 A. M. 10 P. M.
Young Frank, West Charlton, Saratoga Co.

SCHOHARIE COUNTY.

SCHOHARIE COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in October, at Schoharie Court House.

OFFICERS—David Norwood, President; E. O. Bruce, Vice-President; H. F. Kingsley, Secretary, Schoharie; David Frazier, Treasurer; H. D. Wells, J. Green, Lemuel Cross, W. S. Lyman, C. K. Frazier, Censors.

SCHUYLER COUNTY.

SCHUYLER COUNTY MEDICAL SOCIETY,—Annual meeting, second Tuesday in January; semi-annnal meeting, second Tuesday in July.

OFFICERS—J. H. Glass, President; J. F. Barnes, Vice-President; H. P. Stillwell, Sectetary, Burdette; A. L. Behan, Treasurer; J. W. Thompson, S. B. Allen, W. Heist, E. H. Davis, G. M. Post, Censors.

SENECA COUNTY.

SENECA COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in July; semi-annual meeting, second Wednesday in January, at place selected.

OFFICERS—J. C. Carson, President; J. Deniston, Vice-President; E. J. Schoonmaker, Secretary, Magee's Corners; E. Lester, Treasurer; A. J. Alleman, E. J. Schoonmaker, W. W. Wheeler, Censors.

STEUBEN COUNTY.

STEUBEN COUNTY MEDICAL SOCIETY.—Annual meeting, at Bath, second Tuesday in June; semi-annual meeting, second Tuesday in January.

OFFICERS—M. J. Baker, President; A. H. Cruttenden, Vice-President; J. S. Dolson, Secretary and Treasurer, Bath; E. Winne, M. D. Ellison, L. Healey, C. Patterson, H. C. May, Censors.

SUFFOLK COUNTY.

MEDICAL SOCIETY OF SUFFOLK COUNTY.—Annual meeting, at Riverhead, latter part of April, subsequent to adjournment of court, or during "court week;" semi-annual meeting in October, at place selected at April meeting.

OFFICERS—Edwin F. Preston, President; W. W. Hewlett, Vice-President; F. Thayer, Secretary, Riverhead; H. P. Terry, Treasurer; R. H. Benjamin, Librarian; A. B. Luce, F. Thayer, R. H. Benjamin, Censors.

SULLIVAN COUNTY.

SULLIVAN COUNTY MEDICAL SOCIETY.—Annual meeting, first Wednesday after the second Tuesday in June, at Monticello; semi-annual meeting, wherever the society determines at the annnal meeting.

OFFICERS—Isaac Purdy, President; L. S. Linson, Vice-President; E. F. Quinlan, Secretary, Monticello; A. A. Gillespie, Treasurer; Edwin Crocker, George F. Perry, A. A. Gillespie, E. F. Quinlan, G. H. Lathrop, Censors.

TIOGA COUNTY.

TIOGA COUNTY MEDICAL SOCIETY —Meetings are held in Owego on the second Tuesday in January, April, July and October. Annual meeting in January.

OFFICERS—C. D. Farnham, President; W. R. Nichol, Vice-President; W. L. Ayer, Secretary, Owego; R. W. Eastman, Treasurer; C. L. Stiles, C. R. Rodgers, George P. Cady, W. E. Johnson, C. S. Vaughn, Censors.

TOMPKINS COUNTY.

MEDICAL SOCIETY OF TOMPKINS COUNTY.—Annual meeting, first Wednesday in June; semi-annual meeting, first Wednesday in December, at Ithaca.

OFFICERS—E. J. Rothwell, President; J. Winslow, Vice-President; S. P. Sackett, Secretary, Ithaca; S. H. Peck, Treasurer and Librarian; S. H. Peck, A. J. White, J. E. Beers, J. M. Farrington, G. M. Beckwith, Censors.

ULSTER COUNTY.

MEDICAL SOCIETY OF COUNTY OF ULSTER.—Annual meeting, first Tuesday in June, at Kingston; stated meetings on the second Tuesday of each month, except June, at such place as the Comitia Minora may determine.

OFFICERS—I. C. Dart, President; E. H. Loughran, Vice-President; G. C. Smith, Recording Secretary, Rondout; L. B. Smith, Corresponding Secretary; J. Hasbrouck, Treasurer; T. S. Dawes, S. Schoonmaker, E. McKenzie, P. D. B. Hoornbeck, G. S. La Moree, Censors.

WARREN COUNTY.

WARREN COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Lake George; semi-annual, at option of society.

OFFICERS—R. J. Eddy, Pyesident; T. E. Aldrich, Vice-President; E. W. Hills, Secretary, Glen's Falls; F. L. R. Chapin, Treasurer; W. D. Aldrich, W. S. Robinson, J. C. Wall, Censors.

(See Saratoga County.)

WASHINGTON COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON.—Annual meeting, last Tuesday in June.

OFFICERS—W. B. Maynard, President; John H. Madison, Vice-President; John Millington, Secretary and Treasurer, East Greenwich; J. J. Flint, A. W. Tupper, T. C. Wallace, Censors.

(See Saratoga County.)

WAYNE COUNTY.

WAYNE COUNTY MEDICAL SOCIETY.—Meetings are held at Newark, Palmyra, Lyons and Clyde. Annual meeting, second Tuesday in July; semi-annual, second Tuesday in January; adjourned meetings, second Tuesday in October and April.

OFFICERS—H. F. Seaman, President, Alton; John M. Besley, Vice-President; A. F. Gillette, Secretary and Treasurer, Lyons; H. D. Vosburg, E. W. Botton, J. E. Smith, W. F. Nutten, A. F. Sheldon, Censors.

WESTCHESTER COUNTY.

WESTCHESTER COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June, at White Plains; intermediate meetings, third Tuesday in October and February.

OFFICERS—H. L. Horton, President; C. H. Judson, Vice-President; J. Francis Chapman, Secretary, Katonah; A. M. Campbell, Treasurer; J. J. Linson, W. H. Helm, L. F. Pelton, Censors.

WYOMING COUNTY.

WYOMING COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Warsaw; semi-annual, at such time and place as the society may determine.

OFFICERS—Z. J. Lusk, President; William N. Martin, Vice-President; Julius A. Post, Secretary, Attica; S. C. Smith, Treasurer, Castile; Julius A. Post, E. G. Harding, W. N. Martin, M. Baker, S. C. Smith, Censors.

YATES COUNTY.

YATES COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, second Tuesday in January; other meetings at such times and places as voted at previous meetings.

OFFICERS—C. B. Stone, President; J. M. Waddell, Vice-President; Benj. L. Holt, Secretary and Treasurer, Penn Yan; G. W. Brundage, E. S. Smith, A. B. Sloan, William Oliver, J. S. Stephens, Censors.

THE CHILD'S HOSPITAL,

FOUNDED IN 1874,

Has Beds for Thirty-Eight Children, and

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Children suffering from Chronic or Acute Diseases, WITHOUT CHARGE TO ANY PATIENT UNABLE TO PAY.

Special wards for Eye and Ear Cases.

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The nursing is under the care of Sisters of the Sisterhood of the Holy Child Jesus

Committee of Management.

President,
RT. REV. WILLIAM CROSWELL DOANE, S. T. D.

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MRS. DORSHEIMER,
MISS FRENCH,
MISS A. G. TILLINGHAST.

MEDICAL STAFF.

Consulting Physician,
DR. THOMAS HUN.

Consulting Surgeon,
DR. JOHN SWINBURNE.

Attending Physician,
DR. T. M. TREGO.

Attending Surgeon,
DR. LEWIS BALCH.

Ophthalmic and Aural Surgeon,
DR. C. S. MERRILL.

In Homœopathic Ward,—Attending Physician,
DR. J. W. COX.

Dental Surgeon,
DR. EDWIN C. BAXTER.

☞ Visitors admitted from two to four.

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